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# HEALTH SURVEY FOR ENGLAND:1991

# **CODING INSTRUCTIONS**

# Household Box

# Person no.

Check that this has been ringed for each member of the household,

If there are more than 10 members of the household, extend the grid and continue the Person Numbers from 11 onwards.

### Relationship to HOH

Code all members of the household from the following frame:

	<u>SC</u>
Wife (marital status = 1)	01
Cohabitee of HOH - common-law wife (incl wife, Fiancee,	
girlfriend if marital status = 2)	11
Children of either sex (incl. step or adopted or	
non-related foster)	02
Son-in-law or daughter-in-law	03
Parents	04
Parents-in-law (ie parents of spouse/cohabitee)	05
Brother or sister (of HOH)	06
Grandchildren (of HOH)	07
Other relatives by blood, marriage or adoption	80
Non relatives (boarder, Friend, housekeeper,	
son's girlfriend etc)	09

Place the code in the OFFUSE box in line with the relevant person and ring.

If relatives have been legally adopted, code the relationship as children. eg HOH legally adopts grandchildren, code relationship as 02 <u>not</u> 07.

INDIVIDUAL SCHEDULE

Q3. Use the coding frame below

GHS CODING FRAME FOR LONGSTANDING ILLNESS

- MC Complaint
- 01 <u>Cancer (neoplasm) including lumps, masses, tumours and growths and benign</u> (non-malignant) lumps and cysts

incl. leukaemia (cancer of the blood) Hodgkin's disease Lymphoma acoustic neuroma Neurofibromatosis hereditary cancer Cancers sited in any part of the body or system eg. lung cancer, breast cancer, stomach cancer, skin cancer, bone cancer All tumours, growths, masses, lumps and cysts whether malignant or benign eq tumour on brain, growth in bowel, growth on spinal cord, lump in breast, cyst on eye, cyst in kidney. Wilms tumour rodent ulcers sarcomas, carcinomas mastectomy (nes) hysterectomy for cancer of womb colostomy caused by cancer part of intestines removed (cancer) after affect of cancer(nes)

Endocrine/nutritional/metabolic diseases and immunity disorders

02 Diabetes incl. Hyperglycemia

hypercalcemia

03 Other endocrine/metabolic incl. underactive/overactive thyroid, goitre hormone deficiency, deficiency of growth hormone, dwarfism Beckwith - Wiedemann syndrome Addison's disease Cushing's syndrome Gilbert's syndrome Coeliac disease phenylketonuria Cystic fibrosis AIDS, AIDS carrier, HIV positive rickets Malacia obesity/overweight Wilson's disease gout Myxoedema (n.e.s) water/fluid retention hypopotassaemia, lack of potassium

<u>NB</u> Thyroid trouble and tiredness - code 03 only Overactive thyroid and swelling in neck - code 03 only.

3

MC Mental, behaviourial and personality disorders

Mental illness/anxiety/depression/nerves(nes) -04 incl. schizophrenia, manic depressive semile dementia, forgetfulness, gets confused nervous breakdown, neurasthenia, nervous trouble anxiety, panic attacks stress nerves (nes) depression phoblas autistic child anorexia nervosa alcoholism, recovered not cured alcoholic drug addıct speech impediment, stammer dyslexia hyperactive child. catalepsy concussion syndrome

NB Alzheimer's disease, degenerative brain disease = code 08

05 Mental handicap -

incl. Down's syndrome, mongol
mentally retarded, subnormal

MC Nervous system (central and peripheral including brain) - not mental illness 06 Epilepsy/fits/convulsions incl. grand mal, petit mal, Jacksonian fit, blackouts, febrile convulsions, fit(nes) Migraine/headaches 07 Other problems of nervous system -08 incl. Multiple Sclerosis (MS), disseminated sclerosis Cerebral palsy (spastic) Spina bifida Physically handicapped - spasticity of all limbs hydrocephalus, microcephaly, fluid on brain Parkinson's disease (paralysis agitans) Motor neurone disease muscular dystrophy Huntington's chorea Alzheimer's disease degenerative brain disease Friedreich's Ataxia Abscess on brain Brain damage resulting from infection (eg. meningitis, encephalitis) or injury injury to spine resulting in paralysis paraplegia (paralysis of lower limbs) partially paralysed (nes) metachromatic leucodystrophy Myotonic dystrophy Guillain - Barre syndrome Myasthenia gravis syringomyelia myalgic encephalomyelitis (ME) post viral syndrome (ME) Bell's palsy trigeminal neuralgia neuralgia, neuritis carpal tunnel syndrome sciatica trapped nerve numbness/loss of feeling in fingers, hand, leg etc pins and needles in arm removal of nerve in arm shingles restless legs

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## MC Eye complaints

09 Cataract/poor eye sight/blindness -

incl. operation for cataracts, now need glasses bad eyesight/nearly blind because of cataracts hardening of lens lens implants in both eyes bad eyesight, restricted vision, partially sighted short sighted, long sighted, myopia trouble with eyes (nes), eyes not good (nes) blind in one eye, loss of one eye blindness caused by diabetes detached/scarred retina tunnel vision blurred vision

10 Other eye complaints -

incl. glaucoma buphthalmos iritis retinitis pigmentosa night blindness astigmatism double vision colour blind squint, lazy eye scarred cornea, corneal ulcers haemorrhage behind eye dry eye syndrome, trouble with tear ducts, watery eyes eyes are light sensitive injury to eye eye infection, conjunctivitis. Sty on eye floater in eye

- MC Ear complaints
- 11 Poor hearing/deafness -

incl. hard of hearing, slightly deaf conductive/nerve/noise induced deafness deaf and dumb otosclerosis poor hearing after mastoid operation

12 Tinnitus/noises in the ear -

incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems -

incl. labyrinthitis, loss of balance - inner ear vertigo

14 Other ear complaints -

incl. otitis media glue ear disorders of Eustachian tube perforated ear drum (nes) middle/inner ear problems mastoiditis ear trouble (nes), ear problem (wax) ear aches and discharges ear infection

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<u>MC</u>	Complaints of heart, blood vessels and circulatory system
- 15	Stroke/cerebral haemorrhage/cerebral thrombosis - incl. stroke victim ~ partially paralysed and speech difficulty hemiplegia, apoplexy, cerebral embolism, cerebro - vascular accident
16	Heart attack/angina ~ incl. coronary thrombosis, myocardial infarction.
17	Hypertension/high blood pressure/blood pressure (nes)
18	Other heart problems - incl. heart disease, heart complaint cardiac problems, heart trouble (nes) weak heart because of rheumatic fever hole in the heart valvular heart disease Wolff- Parkinson-White syndrome Aortic stenosis, aorta replacement pacemaker implant - heart failure pericarditis St Vitus dance Ischaemic heart disease mitral stenosis cardiac diffusion cardiac asthma heart murmur, palpitations tachycardia, sick sinus syndrome hardening of arteries in heart tired heart pains in chest (nes) dizziness, giddiness, balance problems (nes) too much cholesterol in blood
	NB Balance problems due to ear complaint = code 13
19	Piles/haemorrhoids incl. Varicose Veins in anus.
20	Varicose veins/phlebitis in lower extremities - incl. varicose ulcers, varicose eczema
21	Other blood vessels/embolic - incl. arteriosclerosis, hardening of arteries (nes) artificial arteries (nes) arterial thrombosis thrombosis (nes) Wright's syndrome blocked arteries in leg Varicose veins in Raynaud's disease Oesophagus pulmonary embolism Polyarteritis Nodosa intermittent claudication telangiectasia (nes) blood clots (nes) Swollen legs and feet low blood pressure/hypertension hypersensitive to the cold. poor circulation NB Haemorrhage behind eye = code 10

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Complaints of respiratory system
MC
22
      Bronchitis/emphysema -
      incl. chronic bronchitis
      bronchiectasis
23
      Asthma -
      incl. bronchial asthma, allergic asthma
      asthma - allergy to house dust/grass/cat fur
      NB
            Exclude cardiac asthma - code 18
      Hayfever -
24
      incl. allergic rhinitis
25
      Other respiratory complaints -
      incl. bronchial trouble, chest trouble (nes)
      bad chest (nes), weak chest - wheezy
      breathlessness
       pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory
       diseases, pigeon fanciers's lung
      lung complaint (nes), lung problems (nes)
      damaged lung (nes), lost lower lobe of left lung
      lung damage by viral pneumonia
      fibrosis of lung
      ulcer on lung, fluid on lung
      furred up airways, collapsed lung
      chest infections, get a lot of colds
      recurrent pleurisy
      sinus trouble, sinusitis
      rhinitis (nes)
      catarrh
      adenoid problems, nasal polyps
      sore throat, pharyngitis
      throat trouble (nes), throat irritation
      throat infection
      tonsillitis
      abscess on larynx
      coughing fits
      allergy to dust/cat fur
      paralysis of vocal cords
      Croup
      NB TB (pulmonary tuberculosis) - code 37
      Cystic fibrosis - code 03
      Skin allergy - code 39
      Food allergy - code 27
      Allergy (nes) - code 41
      Pilonidal sinus - code 39
      Sick sinus syndrome - code 18
      Whooping cough - code 37
      If complaint is breathlessness with the cause also stated, code the cause:
      eg breathlessness as a result of anaemia (code 38)
         breathlessness due to hole in heart (code 18)
         breathlessness due to angina (code 16)
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# MC Complaints of the digestive system 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture incl. gastric/duodenal/peptic ulcer ulcer (nes) double/inguinal/diaphragm/hiatus/umbilical hernia hernia (nes), rupture (nes). Other digestive complaints (stomach, liver, pancreas, bile ducts, small 27 intestine - duodenum, jejunum and ileum) incl. stomach trouble (nes), abdominal trouble (nes) indigestion, heart burn, dyspepsia nervous stomach, acid stomach inflamed duodenum weakness in intestines ileostomy pancreas problems throat trouble - difficulty in swallowing stone in gallbladder, gallbladder problems liver disease, biliary artesia cirrhosis of the liver, liver problems food allergies. 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum) incl. colitis, colon trouble, ulcerative colitis Spastic colon enteritis diverticulitis irritable bowel, inflammation of bowel polyp on bowel colostomy (nes) Crohn's disease Hirschsprung's disease frequent diarrhoea, constipation faecal incontinence/encopresis. grumbling appendix NB exclude piles - code 19 Cancer of stomach/bowel - code 01 Complaints of teeth/mouth/tongue ~ 29 incl. impacted wisdom tooth, gingivitis ulcers on tongue, mouth ulcers cleft palate, hare lip no sense of taste

### MC Complaints of genito-urinary system

30 Kidney complaints incl. kidney trouble, tube damage, stone in the kidney mephritis, pyelonephritis chronic renal failure urāemia renal TB horseshoe kidney, cystic kidney only one kidney, double kidney on right side

31 Urinary tract infection -

incl. cystitis, urine infection

32 Other bladder problems/incontinence -

incl. weak bladder, bladder complaint (nes)
bladder restriction
bed wetting, enuresis
water trouble (nes).

NB Prostate trouble - code 33

33 Reproductive system disorders -

incl. endometriosis
prolapsed womb
prolapse (nes) if female
vaginitis, vulvitis, dysmenorrhoea
gynaecological problems
menopause
hysterectomy (nes)
period problems, flooding, premenstrual tension
abscess on breast, mastitis, cracked nipple
damaged testicles
prostate gland trouble
impotence, infertility.
Turner's syndrome
pelvic inflammatory disease (female)

# <u>MC</u> <u>Musculoskeletal - complaints of bones/joints/muscles</u>

34 Arthritis/rheumatism/fibrositis -

incl. arthritis/rheumatism in any part of the body
osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica
psoriasis arthritis (also code psoriasis)
Still's disease
rheumatic symptoms
arthritis as result of broken limb

35 Back problems/slipped disc/spine/neck -

incl. back trouble, lower back problems, back ache
spondylitis, spondylosis
prolapsed invertebral discs
worn discs in spine - affects legs
damage, fracture or injury to back/spine/neck
curvature of spine
lumbago, inflammation of spinal joint
disc trouble
Schuermann's disease

<u>NB</u> Exclude if damage/injury to spine results in paralysis - code 08 Sciatica - code 08 Trapped nerve in spine - code 08

MC

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Other problems of bones/joints/muscles -

incl. osteomyelitis brittle bones, osteoporosis Pierre Robin syndrome Paget's disease Perthe's disease Schlatter's disease Sever's disease dislocations eg dislocation of hip, clicky hip, dislocated knee/finger fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg and shoulder, can't hold left arm out flat - broke it as a child, broken nose, deviated septum absence or loss of limb eg lost leg in war, finger amputated, born without arms deformity of limbs eg club foot, clawhand, malformed jaw walk with limp as a result of polio, polio (nes), after affects of polio (nes) Systemic sclerosis, myotonia (nes) disseminated lupus hip replacement (nes) hip infection, TB hip torn muscle in leg, torn ligaments, tendinitis bad shoulder, bad leg, collapsed knee cap, knee cap removed cartilage problems frozen shoulder aching arm, stiff arm, sore arm muscle strained leg muscles, pain in thigh muscles stiff joints, joint pains, contraction of sinews, muscle wastage Dupuytren's contraction bursitis, housemaid's knee, tennis elbow delayed healing of bones or badly set fractures weak legs, leg trouble, pain in legs legs won't go, difficulty in walking cramp in hand physically handicapped (nes) flat feet, bunions. chondrodystrophia tenosynovitis

NB Muscular dystrophy - code 08

MC

37 Infectious and parasitic disease

incl. pulmonary tuberculosis (TB)
tuberculosis of abdomen
sarcoidosis
toxoplasmosis (nes)
viral hepatitis
glandular fever
malaria
typhoid fever
tetanus
venereal diseases
thrush, candida
athlete's foot,fungal infection of nail
ringworm
whooping cough

<u>NB</u> After effect of Poliomyelitis, meningitis, encephalitis - code to site/system Ear/throat infections etc - code to site

# 38 Disorders of blood and blood forming organs

incl anaemia, pernicious anaemia
sickle cell anaemia/disease
thalassaemia
haemophilia
purpura (nes)
blood condition (nes), blood deficiency
polycthaemia (blood thickening), blood too thick
removal of spleen.

<u>NB</u> Leukaemia - code 01

Skin complaints

<u>МС</u> 39 an - -

incl. eczema psoriasis, psoriasis arthritis (also code arthritis) dermatitis epidermolysis, bulosa pilonidal sinusitis impetigo acne skin rashes and irritations skin allergies, leaf rash, angio-oedema skin ulcer, ulcer on limb (nes) birth mark burned arm (nes) cellulitis (nes) carbuncles, boils, warts, verruca corns, callouses ingrown toenail chilblains abscess in groin

- NB Rodent ulcer code 01 varicose ulcer, varicose eczema - code 20
- 40 other complaints

incl. insomnia
sleepwalking
fainting
adhesions
hair falling out, alopecia
travel sickness
nose bleeds
no sense of smell
dumb, no speech

NB Deaf and dumb - code 11 only.

# 41 <u>Unclassifiable</u> (no other codable complaint)

incl. old age/weak with old age general infirmity allergy (nes), allergic reaction to some drugs (nes) war wound (nes), road accident injury (nes) tiredness (nes) generally run down (nes) weight loss (nes) after affects of meningitis (nes) had meningitis - left me susceptible to to other things (nes) electrical treatment on cheek (nes) swollen glands (nes) embarrassing itch (nes) glass in head - too near temple to be removed (nes)

# 42 <u>Complaint no longer present</u>

NB Only use this code if it is <u>actually stated</u> that the complaint no longer affects the informant.

Exclude if complaint kept under control by medication - code to site/system.

99 <u>NA/Refusal</u>

SC

# USE OF SERVICES PAGE 15

 15 Q2(a) Ring the no.
 <u>Include</u> - Doctor at DHA clinic, eg family planning clinic; - Doctor abroad
 <u>Exclude</u> - social chat with doctor who happens to be a friend.
 16. Q.3(a) New SC

Inft. had high B.P. when pregnant only ..... 6

16 Q.4

Include - visits made as a day patient - eg for psychiatric treatment or for a minor op.

- visits to private hospitals and clinics.

- doctors seen abroad.

# Q.5.

An in-patient stay is any stay in hospital for at least one night.

- 18. Q.8.
  - Include doctor or nurse ONLY.

Exclude - other people, eg physiotherapist; fitness assessor at a gym; machine at the chemist.

18. Q.8(b)

Include answers where the informant had to ask. Include in code 1 - normal; OK; nothing to worry about. Include in code 2 - high; raised; mildly raised; moderately raised; severely raised.

Q.9

Inclusions and exclusions as Q.8 above. If informant had a blood test but did not know what blood was tested for, precode 3 should be ringed.

Q.10(b) - as Q.8(b)

MEDICAL DIET PAGE 21

21. Include diets recommended by doctor, nurse or dietician only, also by a nutritionist.

Exclude slimming diets unless recommended by a doctor.

Q.2

Include in precode 3 - low saturated fat diet;

avoidance of whole-fat milk; whole-fat cheese;
 cream; butter; hard margarines, fat butter,
 fatty meat.

'Other diet' answers - leave in precode 5.

eg high protein; commonsense eating; sensible eating, cut out acid food; cut down on everything, avoid dairy products; low sugar diet; low carbohydrate diet; to put weight on, eat lots of bananas for potassium ACTIVITY AND EXERCISE (PAGE 22)

25 Q.9.

<u>Include</u> - sports done abroad.

- training, practising, refereeing, coaching

Exclude - sports done on a professional basis.

- <u>Code 01</u> include cycling as a means of transport - include racing.
  - exclude motor cycling.
- <u>Codes 02</u> 03 differentiation between the 2 groups is not important, but make sure that one exercise is not double counted (eg - press-ups included in both code 02 and 03).

# Other sports as exercise (specify)

Examine answers recorded, and code from the following frame, entering the single digit code in the OFF USE box and ring.

# ACTIVITY AND EXERCISE

# Page 25 Q 9

Code

# Code

Absailing	01	1
Adventure playground	01	I
Aquarobics	02	١
Archery .	0.	Ņ
Assault Course	02	ŀ
Back packing	02	١
Baseball/softball .	01	I
Basketball ,	02	F
Battle re~enactment	02	F
Bowls - indoor, outdoor,		F
crown, green	01	F
Boxing ,	03	F
Canal cruising (if inft is		F
responsible for working locks	01	5
Canceing	02	2
Circuit training	02	S
Climbing .	02	S
Cricket	01	S
Croquet .	01	S
Darts .	01	2
Diving	01	S
Fell walking	01	S
Fencing	02	S
Field Athletics	02	7
Fishing	01	I
Golf .	01	T
Hang Gliding	02	T
Hiking	02	۷
Hitting punch sack .	02	W
Hockey .	02	
Ice Skating	02	W
Juggling	01	Y
Kabadı	01	

Kickboxing	03
Lacrosse	02
Marathon running	02
Martial arts	03
Motor sports	נס
Netball	02
Post Natal exercise	01
Power Boat .	01
Rambling	01
Riding	01
Roller skating	02
Rounders	01
Rowing, incl machine .	02
Sailing, incl dingy	01
Scuba/subaqua diving .	01
Shooting	01
Skipping	03
Skirmishing (war games)	02
Skittles	01
Snooker	01
Snorkelling	01
Sumo wrestling	01
Swing ball	01
Table tennis .	01
Tenpin bowling .	01
Toning table/bed .	01
Trampolining	03
Volley ball	02
Walking on jogging machine	01
" " treadmill	01
Weight lifting	04
Yoga	01
1	

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# Page 26. SMOKING

The interest lies in <u>ordinary</u> tobacco which is smoked. Tobacco or tobacco products which are chewed or sucked, snuff, or herbal tobaccos should be ignored. Amend the coding as necessary.

Q.1.

By 'ever smoked a cigarette, a cigar, or a pipe', we mean just <u>one ever</u> in their life.

- Q.2.

This is the informant's interpretation of "nowadays".

Q.4.

Check that 2 digits have been entered Ring the digits. Use code 98 for those who smoke 99 cigarettes or more a day.

Notes

1. Ranges - code the midpoint. Take 'half' to the nearest even number.

2. Hand rolled cigarettes - count 1 oz of tobacco as 40 cigarettes

count 12.5gr of tobacco as 18 cigarettes

count 25gr of tobacco as 36 cigarettes

Only convert ounces to cigarettes if the informant has not given the number of cigarettes smoked.

- 3. Weekly amounts if the informant can only give an answer in weekly terms, code 1/7th of the total at Q.4.
- 27 Q.9 and 9(a)
  - Exclude informants who gave up because of a fear of future health conditions (ie lung cancer)
    - informants who gave up for reasons of expense, social pressures.
    - informants who gave up because they did not want to become addicted to cigarettes.

Page 28 Q.10(a)

	GPs, consultants, nurses, health visitors, midwives dentists, physiotherapists.
<u>Include in code 2</u> :	Staff at fitness clubs, gyms etc.

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DRINKING (PAGE 29)

Units of alcohol are coded by the interviewer during the interview (see interviewer instructions)

"Any other alcoholic drinks" are recoded by the coders as follows

Any other This will not be punched. It is necessary to recode answers into the appropriate drink category eg Compari specified, recode frequency code to Spirits category and delete code in 'Any other alcoholic drinks' category. If the frequency has not been answered accept code at the relevant drinks category, unless that is coded 8 then delete code 8 and leave the frequency blank. In other cases accept the highest frequency code if the code recorded here is different from the one shown at the relevant drinks category eg At 'Any other alcoholic drinks' Compari is specified coded 1, recoded to the Spirits category which is already coded 2, delete code 2, recode to 1 and delete code at 'Any other alcoholic drinks'.

#### Page 30 Recoding notes

Remember to exclude all non/low alcohol drinks

Shandy category

alcoholic

drinks

Exclude: Bottled/canned shandy

Beer Category

- Include. Export, Heavy, Black and Tan, Barley Wine, Diabetic Beer, Home Brew Lager, Special Brew Lager, Lager and Lime, Home Brew Beer, Gold Label, Guinness, Pommagne, Stout, Scrumpy.
- Exclude. Non alcoholic lagers such as Barbican, Kaliber. Also exclude ginger beer

### Spirits Category

Include: Cocktails, Egg Flip, all liqueurs, Snowball, Bacardi, Pernod, Sloe Gin, Pimms, Bourbon, Whiskey Mac, Schnapps, Liqueur (nes), Bluemoon (no expl.) °, Vodka, Rum (and pep), Southern Comfort, Tia Maria, Ouzo/Aniseed, Cherry Brandy, Arak (strong spirit), Irish Velvet, Brandy, 150° Moonshine, Gaelic Coffee, Advocaat, Tequila, Armagnac, Clan Dew, Irish Velvet, Camparı, Malibu, Taboo.

Wine category

- Include. Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki, Cherry B, Calypso Orange Perry, Home made wine, Thunderbird.
- Exclude: Non alcoholic wines such as Eisberg.

### Sherry, Vermouth category

Include: Cinzano, Dubonnet, Bianco, Ricardo, Noilly Prat, Ginger Wine, Home made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified with spirits, Port and Lemon.

Please note that home made drinks should be recoded to the appropriate category

## Page 32 Q.7 and 7(a)

- Exclude informants who cut down because of a fear of future health conditions.
  - informants who generally felt that it was an unhealthy habit or they wanted to become healthier.
  - informant who gave up for reasons like expense, social pressure etc.

# Q.7a

<u>Include in code 02</u> - arteriosclerosis, arherosclerosis, furring, clogging up of the arteries, narrowing of the arteries.

Page 35 Q.14(a)

Include in code 1 :	GPs, consultants, nurses, health visitors, midwives, dentists, physiotherapists.
Include in code 2 :	Staff at fitness clun, gymns etc.

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# EATING HABITS (PAGE 36)

# Page 37 Q 4

Examine specified answers, recoding where possible into precodes 1-3 Include in code 2 dried semi-skimmed Include in code 3 dried skimmed Boots dried powder died powdered Coop powdered milk Other answers - leave in precode 4. eg sterilized milk, pasturised milk. PSYCHOSOCIAL FACTORS (PAGE 38)

# Page 38 Q.2. Interviewer Code

Examine all interviewer comments recorded. Also look at the front cover of the SC schedule - as comments are also written there.

Where necessary, recode from precode 1 or 2 already ringed to the new codes following.

These codes apply where there was more than one person present. If only one person present, codes 1 or 2 or 6 will apply.

	New Code
Code 1 plus interviewer read out	s.c.
questions or translator used due	
to eyesight problems/language problems/	
informant unable to read	3
Code 2 plus eyesight problems/	
language problems/informant unable to read	4
Code 2 plus informant could not	
<u>understand questions/terms</u>	5
Code 1 plus other person overseeing	
inft. filling in form	6
No booklet present and no interviewer	
explanation	9
(this may be precoded 2 or blank)	

MEASUREMENTS (PAGE 47)

Page 47 Q 2(c)

Examine answers recorded at precode 6, recoding where possible into existing precodes or into new code 7 Leave other answers in code 6

New MC

Informant wearing surgical shoes	•••••••••••••••••••••••••••••••••••••••	7
incl. inft. wearing shoes.		

Page 48 Q.4(b)

Examine answers recorded at precode 4 **recoing** where possible into existing precodes or into new code 5. Refer any answers remaining to RO

	New	sc
Not attempted due to faulty scale (Q4=blank)		5
Q 4(d)	New 1	MC
Informant wearing surgical shoes, callipers,	5	
surgical corset, cast on limbs etc		
incl. inft. wearing shoes		

Leave in code 6 'other' answers not recodeable into codes 1-3 or 5

### J MEASUREMENT SCHEDULE

Q.5. <u>USE OF MEDICINES</u> Code from the following frame - as a 2 digit code - placing the code in the coding box.

Make sure that the codes are entered in consecutive boxes.

**Q13** Examine answers recorded at precode 4, recoding where possible into existing precodes or new codes. Leave remaining answers in precode 4.

New MC

<u>BP measurements taken on left arm</u>	
because right arm not suitable	\$ 10
eg right arm deformed; sore; in a cast.	•

Include in code 1 - stress

Q.15(d) Examine answers recorded and code from the following frame. Extend the coding column (under precode 1 at (d)) and place the code in the column and ring.

<u>Faulty demi-span tape</u>	MC 2
BP measured on left arm due to unsuitable right arm - eg deformed; sore; in a cast	3
<u>Cannot straighten arm</u> - incl any part of arm eg elbow, hands Refer doubtful cases of the use of this code to RO	4
Other_answers	5

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# Q

# S0201 Prescribed Medicines Coding Frame

<u>Cardiovascular</u>		
	Diurencs (2.2)	1
	Beta blockers (2 4)	2
	Combinations of diurences & beta blockers	3
	ACE inhibitors (2 5 5)	4
	Vasodilators (2 5 1) &	
	Centrally-acting drugs (2.5 2)	5
	Sympatholytics (2.5.3 & 2 5 6)	6
	Calcium blockers (2.6.2)	7
	Anti-coagulants (28)	8
	Lipid-lowering drugs (2 12)	9
	Anti-platelet (2.9),	10
	aspirin - see code 97	
	Other cardiovascular	11
	[other anti-arrhythymic (2 3) excluding 2.4 & 2.6.2,	
	positive intropic (2.1 & 271), peripheral vasodilators (26.3),	
	nitrates (261)]	
Gastrointestinal		
	Antacids (1 1) & Ulcer healing drugs (1 3)	12
	Other gastrointestinal	13
	[incl anti-spasmodics (1 2), anti-diarrhoeal (1 4 & 1 5),	
	laxatives (1 6), rectal preparations (1 7) and stoma care (1 8)]	
Respiratory		14
	[incl bronchodilators (3 1), inhaled steroids (3 2),	
	antihistamine (3.4), cough suppressants and mixtures (3.9),	
	oxygen (3 6)]	
Central Nervous	System	
	Non-steroid anti-inflammatory drugs (4 7 1)	15
	aspirin - see code 97	
	Opiates (472)	16
		17
	Drugs used for anxiety (4 1), insomnia (4 1),	18
	schizophrenia (42), depression (43)	
	Other CNS	19
	[incl. appetite suppressants (4 5), nausea and vomiting (4 6),	
	antimigraine (4 7 4), anti-epilepiic (4.8), anti-Parkinsonism (4.9)	
	drugs for substance dependence (4 10)]	
Infections		
moonona	Antibacterial and antiviral (51, 53)	20
	Other drugs for infections	21
	[incl. anti-fungal (5 2), anti-malarial (5 4 1), anthelmintics (5 5)]	

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# Endocrine

| Drugs used in diabetes (6.1)                                                  |      |
|-------------------------------------------------------------------------------|------|
| Thyroid and anti-thyroid drugs (6.2)                                          | . 23 |
| Corticosteroids (6.3)                                                         |      |
| HRT and Sex hormones (6.4.1)                                                  |      |
| oestrogen only                                                                | . 37 |
| progesterone only                                                             |      |
| oestrogen & progesterone                                                      | . 39 |
| Other endocrine (6.4.2, 6.4.3, 6.5,. 6.6, 6.7)                                | . 26 |
| Obsteterics & Gynaecology                                                     |      |
| Oral contraceptives (incl. post-coital, injections)                           |      |
| progesterone only (7.3.2)                                                     | . 40 |
| oestrogen & progesterone (7.3.1)                                              |      |
| <b>0 1 0</b>                                                                  |      |
| Other                                                                         | . 28 |
| [incl. vaginal tablets (7.2.1, 7.2.2)                                         |      |
| spermicide (7.3.3), IUCD (7.3.4) and urinary tract (7.4)]                     |      |
| Cytotoxic drugs (8.1)                                                         | . 29 |
| Nutrition and blood                                                           |      |
| Drugs for iron deficiency (9.1.1)                                             | 30   |
| Other drugs for anaemia (9.1.2)                                               |      |
| Other minerals and vitamins (9.5, 9.6)                                        |      |
| Musculoskeletal                                                               | 22   |
| (incl. drugs for rheumatoid arthritis, gout etc except for NSAIDs (4.7.1) and | . 55 |
| steroids (6.3)]                                                               |      |
| Eye (11.1 - 11.9), Ear (12.1), Nose (12.2) and Throat (12.3)                  | 34   |
| <u>Lyc (11.1 - 11.7), 241 (12.1), 1405c (12.2) und 17104t (12.0)</u>          |      |
| <u>Skin</u> (13.1 - 13.14)                                                    | 35   |
| [incl. steroid & antibiotic creams and ointments]                             |      |
| Other                                                                         |      |
| [incl. vaccines (14) and anaesthetics (15)                                    |      |
| Aspirin specify dose                                                          | 97   |
|                                                                               |      |
| Salazopyrin specify dose                                                      | . 98 |
| Cannot specify                                                                | . 99 |
|                                                                               |      |

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Q.19(a)/20(a)

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Code answers from the following frame, entering the code in the coding column and ring

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| <u>Corselette/corsette</u>                                                                                                                       | MC<br>01 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| COISETE LE/COISELLE                                                                                                                              | 01       |
| Jeans, incl, tight jeans                                                                                                                         | 02       |
| Baggy clothing/bulky clothing/<br>clothing bunched up                                                                                            | 03       |
| <u>Tight skirt/trousers</u>                                                                                                                      | 04       |
| Tight waistband<br>incl. elasticated waistbands which pull in waist                                                                              | 05       |
| Thick/bulky/heavy waistband                                                                                                                      | 06       |
| Belt (only if belt <u>not</u> removed)                                                                                                           | 07       |
| <u>Braces</u>                                                                                                                                    | 08       |
| <u>Thick clothing - all kinds</u> <sup>-</sup><br>eg thick jumper, thick trousers                                                                | 09       |
| Informant given birth within past 6 weeks                                                                                                        | 10       |
| Clothing item with no details given of effect on<br>measurement<br>eg jumper; T-shirt, trousers; thin clothing;<br>(all with no further details) | 11       |
| Other answers                                                                                                                                    | 12       |
| Q 22<br>Examine answers recorded at precode 3, rec<br>possible into existing precodes or into ne                                                 | -        |
| Informant has recently had a blood test/health                                                                                                   | MC       |
| <u>check</u><br>incl regularly has blood or health checks.                                                                                       | 4        |
| Informant refused to give blood sample because of<br>current illness                                                                             | 5        |
| Any mention of HIV or AIDS by informant                                                                                                          | 6        |
| Other answers (leave incode 3)                                                                                                                   | 3        |

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eg prefer GP to do being taken n e.c Q.24(a) Examine answers recorded at precode `, recoding where possible into new codes.

| Did not obtain 2 full tubes<br>eg only small amount obtained in purple cap bottle;<br>unable to obtain full cholestoral sample; only one<br>bottle of blood taken. | <u>MC</u><br>2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Collapsing/poor/unsuitable/no_palpable_veins                                                                                                                       | 3              |
| Second attempt necessary                                                                                                                                           | 4              |
| <pre>Informant fainted/felt_faint</pre>                                                                                                                            | 5*             |

\*Some blood should have been obtained. IF no blood was obtained, Q24 main should be recoded 3, Q24(a)DNA, and Q24(b) coded 4.

Leave remaining answers in precode 1eg blood very slowly taken up by both vacutainers; first bottle vacuum faulty, tourniquet on for longer time;

Q.24(b) Examine answers recorded at precode 3, recoding where possible into existing precodes or new code.

<u>Informant fainted/felt faint</u> ..... 4 <u>Include in code 1</u> - collapsed veins.

Leave remaining answers in precode 3.

5N: 3067

# **HEALTH SURVEY FOR ENGLAND:1991**

# **INTERVIEWER AND NURSE INSTRUCTIONS**

# INTERVIEWER INSTRUCTIONS

# **GENERAL HEALTH** (page 2)

## Purpose

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Although the survey is concentrating on cardiovascular disease and related conditions, the Department of Health is also interested in the general health of the population. Q2, Q3 and Q4 are standard GHS questions.

Q3 Please do not use Exp/How/Way probes here, simply record what the informant says. However, please do use A/E probe to check that all long-standing illnesses are recorded.

## SYMPTOMS (pages 3-6)

### Purpose

The Department of Health is interested to know how many and to what extent people suffer from symptoms which could be related to cardiovascular disease.

The questions in this section come from two standard questionnaires. The questions about chest pain are part of the Rose-Angina Questionnaire which is recommended by the World Health Organisation for detecting symptoms related to cardiovascular disease. The questions about phlegm, breathlessness and wheezing are part of the Respiratory Questionnaire which is designed by the Medical Research Council and is used throughout the world for detecting respiratory symptoms. We are interested in respiratory symptoms because some of these are related to cardiovascular conditions.

Questions must be put to the informant exactly as they are printed: any changes may affect the comparability of the data with other research. Nearly all of the questions are asterisked.

If serious doubt arises about the correct interpretation of a particular answer, it should be recorded in such a way as to *exclude* the suspected condition - for example: "Do you get it when you walk uphill or hurry?" "Well, I think I might do; but I can't really remember." This answer should be recorded as "No". However, Q1 is an exception to this rule (see Q1 below).

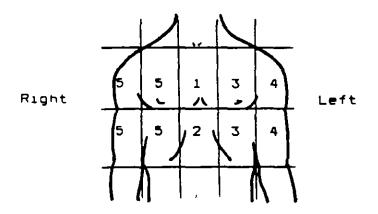
You may introduce this section with the following preamble:

"I am now going to ask you some questions, mainly about your chest."

Q1

- This is an asterisked question because no further guidance will be given to the informant about what is meant by pain or discomfort in the chest. Disregard the informant's interpretation of his symptoms. Answers of the type 'No, except for indigestion' should be recorded as 'Yes'. The following questions have been designed to filter out chest pains which are not related to cardiovascular disease.
- Q2 The answer must be interpreted strictly. Pain experienced only during some other form of exertion (eg cycling, stair climbing, lawnmowing) must be recorded as 'No'. This question refers to usual characteristics of the pain or discomfort. Answers such as 'sometimes' or 'occasionally', should be probed: 'Does this happen on most occasions'.

- Q3 If the informant has already mentioned that he/she cannot walk, you may record this as code 3 without asking the informant. This question refers to usual characteristics of the pain or discomfort. Answers such as 'sometimes' or 'occasionally', should be probed: 'Does this happen on most occasions'.
- Q5 This question refers to usual characteristics of the pain or discomfort. Answers such as 'I sometimes stop' or 'Occasionally I carry on', should be probed: 'What do you do on most occasions'.
- Q6 This question refers to usual characteristics of the pain or discomfort. Answer's such as 'Sometimes the pain goes away', should be probed: 'What happens to the pain on most occasions'.
- Q8 We need to know where the informant feels the pain in order to determine whether the pain is due to cardiovascular problems or some other condition. Ask the informant to show you where they feel the pain. The categories given in Q8 correspond to the following areas (the diagram is also printed on the schedule):



If the informant felt, the pain in positions other than the sternum, left anterior chest or left arm, mark these on the diagram (Q8a, note which side is left and which side is right). Please be as precise as possible.

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A severe pain across the front of the chest lasting for half an hour or more could indicate that the informant has had a heart attack. Again this is an asterisked question as the informant will be given no guidance about what is meant by a severe pain across the front of the chest.

Q10(a) If the informant has seen a doctor because of the chest pain mentioned in question 9, we are interested to know what the diagnosis was If the informant was not told by the doctor what the

condition was, ring code 3. If the doctor said something such as 'Nothing to worry about', ring code 4. If the diagnosis was not angina or a heart attack, ring code 4.

- Q11 We are interested to know how many people have ever had an electrical recording of their heart performed (ECG) and whether this was performed in a GP surgery or hospital (inpatient or outpatient). We do not want you to make any distinction between NHS patients and privately insured patients.
- Q12 Only if the informant does not know what 'phlegm' is can you give the following description:

"Phlegm is a thick substance which is coughed up from deep in the chest."

Phlegm from the chest or throat must be distinguished from pure nasal discharge. Exclude phlegm from the nose, but include phlegm swallowed. Phlegm with first smoke or on first going out of doors is to be coded 'Yes'. If the informant has told you that he/she is a night shift worker, you may use the words 'on getting up' instead of 'first thing in the morning'. The word 'usually' should be emphasized. Note that the reference period is winter. 'Usually' refers to most mornings in most winters.

- Q13 This is an additional question which is only asked if the answer to Q12 is 'No'. Although we are mainly interested in informants who bring up phlegm first thing in the morning, we do not want to exclude informants who usually bring up phlegm during the day or night in the winter, but not first thing in the morning. The word 'usually' should be emphasized.
- Q12-Q13 Please follow the signposting precisely. Otherwise you might incorrectly skip Q14.
- Q14 This question is asked of those informants who have answered 'Yes' to either of the previous two questions. It is a confirmatory question.
- Q15 The only guidance that may be given is that 'hurrying' implies walking guickly. If the informant has already mentioned that he/she cannot walk you can circle code 3 without asking the informant.
- Q16 This is an 'ask or record' question because it is possible that the informant has already mentioned to you that she/he cannot walk. Note that the informant must compare himself/herself with other people of their own age.

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Qs 15-17 If the informant answers 'sometimes', record 'Yes'.

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Q18 If the informant does not know what wheezing is you may give a vocal demonstration. The wheezing sound must occur while breathing out to qualify as a 'Yes'. The word 'asthma' should <u>not</u> be used. No distinction is made between those who only wheeze during the day and those who only wheeze at night.

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#### CARDIOVASCULAR DISKASE (pages 8-14)

#### Purpose

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The purpose of this section to obtain information on experience of cardiovascular diseases or other conditions which may be related to cardiovascular disease.

- Q1-Q4 These questions are composite questions. Ask Q1 for all conditions. Questions 2, 3 and 4 are only asked of those who have ever had angina, heart attack, other heart trouble or stroke (codes 2, 3, 4 or 5 ringed at Q1) and have had these conditions diagnosed by a doctor (Q2 is coded 'Yes').
- Q1 This is the most important question of the section. If the informant has never had any of the conditions you will be signposted to Q5 where you will be signposted to skip this whole section and go to Use of Services on page 15. The question has been designed as an individual prompt question so that an answer is required for each condition. This question will be referred to as "CVD CONDITIONS".

Some of the conditions are also known by other names which have been placed within brackets. These are for your information and should only be used if the informant is not sure which of the conditions he/she has ever had. If the informant has ever had 'other heart trouble' ask for detailed information and record this at (a) below the grid. See sheet G for examples of heart conditions which fall under the category 'Other heart trouble'.

- Q2-Q4 These questions are asked in sequence for each condition coded 2, 3, 4 or 5 at Q1.
- Q2 If the informant has given a specific name for 'Other heart trouble' you may refer to this name.

For these conditions a doctor's diagnosis is necessary to prevent incorrect self-diagnosis. If none have been diagnosed by a doctor, no further questions will be asked about these conditions and you will be signposted to Q5.

Q3 This question is asked for each of the conditions diagnosed by the doctor (Q2 is coded 'Yes'). The answer to this question in combination with the age of the informant will give us some indication of how long the informant has suffered from the condition. Since it can be difficult for informants to remember the exact age when they were first told that they had the condition, we are only asking for the approximate age (in years). Q4 Angina, heart attack and stroke are long-standing illnesses but not necessarily continuous and they could be a single event. This question in combination with the age of the informant and Q3 will help us to roughly distinguish between continuous, episodic and single events. If the informant has already mentioned that he/she has had one of these conditions in the past twelve months, you may record this without asking the informant.

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- Qs 5,6,7 'Heart condition' refers to either angina, heart attack or other heart trouble, not stroke.
- Q5 Interviewer code. All informants are signposted to this question. Circle the appropriate code and follow the signposting.
- Q5(a) This question is not asked separately for each of the conditions because if an informant has more than one of these conditions, it may be impossible for him/her to identify the specific condition for which they are taking the medication.
- Q6 We need to know if the conditions are being treated by surgery and if so how many years ago the informant last underwent surgery. If the informant has not undergone surgery for the conditions, we want to check if the informant is currently on a waiting list for any such surgery. Note that this question is not asked for stroke because this condition is not treated by surgery.
- Q7 Apart from medication and surgery these conditions could be treated by other means such as diet.
- Q8 A medical diagnosis is necessary to prevent incorrect self-diagnosis. We are not only interested in those who have been informed by a doctor that they have high blood pressure but also those that were told by a nurse.
- Q9 It is quite common that women only have high blood pressure when they are pregnant. This is not included in the survey as a condition related to cardiovascular disease. Only those women who have ever had high blood pressure when not pregnant will continue with the next question. The others are signposted to see Q13.
- Q10 The answer to this question in combination with the age of the informant will give us some indication of how long the informant has suffered from high blood pressure. Since it can be difficult for informants to remember the exact age when they were first told that they had the condition, we are only asking for the approximate age

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- Q11 The information we will obtain from these questions will be linked with the blood pressure readings which will be collected by the nurse on the second visit.
- Q11(c) If the informant has stopped taking medication on several occasions, take last occasion.
- Q12 High blood pressure could also be treated by other means such as diet.
- Q13 A medical diagnosis of diabetes is necessary to prevent incorrect self-diagnosis.
- Q14 Occasionally women only have diabetes when they are pregnant. This is not included in the survey as a condition related to cardiovascular disease. Those women who have only had diabetes when pregnant are signposted to the section 'Use of services' on page 15.
- Q15 The answer to this question in combination with the age of the informant will give us some indication of how long the informant has suffered from diabetes. Since it can be difficult for informants to remember the exact age when they were first told that they had the condition, we are only asking for the approximate age.
- Q16 The necessity to inject insulin indicates a more severe form of diabetes.
- Q17 Although the nurses will be collecting detailed information on the use of medicines, it is necessary to ask the informant whether his/her condition is currently being treated by medication (other than insulin injections, see Q16).
- Q18 Apart from medication diabetes can also be treated by other means such as diet.

USE OF SERVICES (Q1-10, PAGES 15-20)

## Purpose of section

This section is intended to find out something about the use of various health services. We are particularly interested in finding out whether people who report having Cardio Vascular Disease (CVD) conditions have had some contact with the various health services, whether this contact was about their CVD conditions, and which services they have contacted. The survey is not designed for looking at need for services, or unmet need, but rather for finding out something about the use of health services.

There are also questions on blood pressure and blood cholesterol measurement because the Department of Health has recently introduced a policy that everyone should have their blood pressure checked regularly and is considering whether to do the same for cholesterol. The survey will provide information on the extent to which blood pressure and cholesterol are actually being measured at present. The ideal is that everyone should be aware of their measurements and adopt lifestyles which would help to keep them within the ranges desirable for good health.

# Q1 Interviewer code

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You should code whether the informant has or has ever had any of the CVD conditions asked about at Q1, page 8, in the CARDIO-VASCULAR DISEASE SECTION (High blood pressure, Angina, Heart attack, Other heart trouble, Stroke or Diabetes) or not. Those who have CVD conditions get asked Qs 2-5; those with no CVD conditions get asked Qs 6-7.

Q2 This question is virtually the same as that used on the GHS and we want to be able to compare the results from this survey with the GHS.

'Talking to a doctor' can mean seeing him (at home, surgery etc) or speaking to him on the telephóne. In some cases informants may say that they called to pick up tablets or a prescription. You should enter details only if the informant actually talked to the doctor. Do not count social chats with a doctor who happens to be a friend or relative.

As well as this question covering visits to doctors in their own practices, we also want to include talking to a doctor at a district health authority clinic (eg family planning clinic) - NB this is a different instruction to that given for the GHS. We do not want to count talking to a doctor at a hospital, hospital visits are covered at Qs4 & 5.

Doctors seen abroad should be included - NB this is a different instruction to that given for the GHS.

Q2(b) We want to know whether any of the GP consultations during the last 2 weeks were about the informants's CVD condition(s)

#### Q3(a)&(b)

These questions are asked of those who have reported CVD conditions but who have not had any GP consultations in the last 2 weeks. We want to know when they last talked to a doctor, apart from any visit to a hospital, about any one of their CVD conditions. You should code the most recent consultation as long as it was about a CVD condition mentioned at Q1 page 8.

At part (b) you can record the answer without asking the question if the informant has only reported having one of the CVD conditions at Q1 page 8. If they have reported more than one CVD condition then you will need to ask the question to find out which condition the consultation was about. If it was about more than one CVD condition you should ring all the codes that apply.

Q4 This question only applies to those who <u>have reported a CVD</u> <u>condition at Q1 page 8</u> and asks about casualty, out-patient and day-patient visits. This means any visit to a hospital where the informant did not stay overnight in the hospital.

The reference period for this question is the last 12 months, be sure to quote a full date and year 12 months ago.

Include - visits made as day patients eg for psychiatric treatment or for minor operations. - visits to private hospitals and private clinics.

Doctors seen abroad should be included - NB this is a different instruction to that given for the GHS.

Part (a) checks whether an out-patient visit was because of a CVD condition. If any out-patient visit in the last 12 months was because of a CVD condition you should code 'Yes', code 1.

Q5 This question only applies to those who <u>have reported a CVD</u> <u>condition at Q1 page 8</u> and asks about in-patient stays. An in-patient stay is any stay in hospital for at least one night.

Part (a) checks whether any in-patient stay was because of a CVD condition. If <u>any</u> in-patient stay in the last 12 months was because of a CVD condition you should code 'Yes', code 1. \* In-patient stay; abroad should also be included.

- Q6 This question only applies to those who <u>have not reported a CVD</u> <u>condition at Q1 page 8.</u> It is the same as Q2, see instructions for that question.
- Q7 This question is asked of those who have not reported any CVD conditions at Q1 page 8 and who have not had any GP consultations in the last 2 weeks this will be the majority of informants. We want to know when they last talked to a doctor, apart from any visit to a hospital.

#### Q8-Q10 Blood pressure and blood cholesterol measurements

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These questions are about having blood pressure and blood cholesterol levels measured. As part of the new GP contract patients should have their blood pressure level checked regularly. The frequency of such checks varies depending on the

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characteristics of the patient, their age for example. These questions are designed to find out whether people have had such checks, when they last had them and what sort of feedback they received.

Q8 This question applies to everybody.

### Background

Blood pressure is the force needed to keep the blood moving through the body every time the heart beats. The pressure depends on the amount of blood pumped out of the heart and the size of the blood vessels. The heart squeezes out the blood. It pumps it around the body under high pressure, which is called the systolic pressure. When the heart relaxes between beats the pressure falls and becomes a little lower. This is called the diastolic pressure.

When your blood pressure is taken there are two numbers which are recorded e.g. 120/80. The top number is the systolic blood pressure and the bottom number is the diastolic blood pressure. These numbers vary from person to person within a certain range. "Normal" blood pressure varies a lot depending on what you are doing and how you are feeling. "Normal" blood pressure also increases with age. Blood pressure changes a lot during the day: it is raised if you are angry or excited and when you are asleep or relaxed it is lower.

A rough guide to levels of blood pressure are as follows:

|                  | Systolic | Diastolic |
|------------------|----------|-----------|
| Normal           | < 150    | <95       |
| Mildly<br>raised | 150-160  | 95-120    |
| Raised           | >160     | >120      |

Thus this gives you some idea of the sorts of numbers you should be expecting from the informant of The above rough guide is for your information only. On no account should you discuss these levels with the informant. If the informant asks you about their level, say that you are not medically qualified and cannot give them advice and suggest they go and see their GP if they want further information.

The informant may have already told you that they have had their blood pressure measured by a doctor or nurse, if so record 'Yes' without asking the question.

If the informant had their blood pressure measured by anybody other than a doctor or nurse eg. a fitness assessor at a gym, a physiotherapist or a machine at the chemist you should code 'No' (code 2) at this guestion. Parts (b)-(e) all refer to the last time the informant's blood pressure was measured by a doctor or nurse.

At part (b) code 1, 2, or 3 if the informant received the information about his blood pressure level regardless of whether or not he had to ask for the information.

At part (b) code 1 should be ringed if the person's blood pressure was alright, ie. anything other than higher or lower than normal. Doctors/nurses may use a variety of terms to describe normal blood pressure, eg. fine, alright, normal, nothing to worry about - all these should be coded 1. Code 2 should be ringed if the doctor/nurse said the blood pressure was higher than normal, again they may describe this as high, raised, mildly raised, moderately raised, severely raised etc - all these should be coded 2.

Part (c). If the informant says that his blood pressure was 'higher than normal' he should already have mentioned this at Q1 page 8 in the CVD section. If they have you should ring the DNA code at (c) and go to (d). However, if they have not said they have or have ever had high blood pressure at Q1 page 8 in the CVD section (not coded 1), you should ask part (c). If they say their blood pressure has been higher than normal a number of times (code 2) you should go back and ask Q1 page 8 in the CVD section again as a check question. If they now answer 'Yes' they have had high blood pressure you should go through the CVD section of the questionnaire with them. However, if after having asked Q1 again they still say 'No' you should carry on with Q8 (d) in the Use of Services section.

Please make a note if you change the code at Q1 page 8 CVD section, in the light of the answer to Q8(c).

Part (d) is asking about the numerical value of the blood pressure eg Systolic=110, Diastolic=70, 110 over 70. Again code 1 if the informant only found out the numerical value by asking what it was.

At part (e) we want to know if the informant remembers what the reading was. If they do remember write the values on the schedule and code 1. Code 1 if they remember at least one of the values (systolic or diastolic). We are not really interested in the actual value (this will not be keyed) only whether or not they can remember it. However at the pilot we found that it seems odd if we do not ask what the value was and record it. If the informant cannot remember the value code 2.

Q9 This question applies to everyone.

## Background

Total Cholesterol is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease and the level of risk rises progressively with increasing concentrations of cholesterol. A guide to the levels of total cholesterol in the blood are as follows: Level

| < 5.2 mmol/1            | desirable           |
|-------------------------|---------------------|
| 5.2 mmol/l - 6.4 mmol/l | mildly elevated     |
| 6.5 mmol/l - 7.8 mmol/l | moderately elevated |
| > 7.8 mmol/1            | severely elevated   |

Thus these are the sorts of numbers you should be expecting from the informant. The above guide is for your information only. On no account should you discuss these levels with the informant. If the informant asks you about their level, say that you are not medically qualified and cannot give them advice and suggest they go and see their GP if they want further information.

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We want to know whether the informant has had the total cholesterol concentration in their blood measured. Most informant's will just know this as cholesterol but if queried it is total cholesterol rather than 'High density lipoproteincholesterol (HDL-cholesterol)', 'Low density lipoproteincholesterol (LDL-cholesterol)' or 'Very low density lipoproteincholesterol (VLDL-cholesterol)' that we are interested in.

The cholesterol concentration may have been measured from a venepuncture blood sample (blood taken from a vein in their arm) or from a finger prick of blood. If the informant says that they have had a blood test but they do not know what the blood was tested for then you should code 3 'Don't know, not sure'.

We are only interested in measurements done by a doctor or nurse. If the informant had their blood cholesterol level measured by any body else you should code 2 'No' at this question and go on to the next section 'MEDICAL DIET'.

Q10 This is the same question as Q8 except it refers to blood cholesterol level rather than blood pressure. The same instructions as for Q8 apply to this question.

## MEDICAL DIET (page 21)

#### Purpose

Diet is an important risk factor for cardiovascular disease. A section on foods is included in the questionnaire but we also would like to know whether the informant has been recommended by a medical person to go on a diet because of cardiovascular disease or a related condition.

- Q1 Note that the question is intended to cover diets recommended by a doctor, nurse or dietician only. We are not interested in slimming diets which have not been recommended by a doctor, nurse or dietician. If the informant mentions a nutritionist, you may include this (in most cases they will have been referred to the dietician/nutritionist by a doctor).
- Q1(a) If the informant has been advised to go on a diet more than once, take the most recent diet.
- Q2 If the informant does not give a type of diet as answer (eg. weight loss diet), you may prompt 'Which types of foods have you been told to avoid?'.

It is possible that the informant does not know what types of foods they must avoid, but does know which specific foods they must avoid, eg. 'no cakes, biscuits, pastry'. Code 'Other' and specify. Refer to the list of medical diets (sheet P) and if necessary recode.

# ACTIVITY AND EXERCISE (pages 22-25)

# Purpose of the section

There is growing evidence from around the world that people who have been physically active during their lives are likely to have built up protection against some diseases, in particular cardiovascular disease. Vigorous exercise is also believed to be the most effective in improving cardiovascular fitness

The information collected in this section will be used to classify people according to their activity level and to examine the relationship between people's activity level and cardiovascular disease and other conditions covered in the survey

#### The questions

We are interested in the physical activities and exercise the informant has done in the four weeks before the interview because the benefit the heart gets from activity and exercise is thought to be closely related to the activity pattern over a four week period. In addition, a four week period provides a long enough period to give a reasonably reliable picture of the informant's activity pattern but is short enough to enable acceptable recall of the activities the informant has done Read the preamble to focus your informant's attention on the physical activities he/she has done in the four week reference period. You will find a calendar at the end of the show cards.

- Q3 Housework, gardening and building work done on a professional/occupational basis should be <u>excluded</u> from Q3 and Q4 It is important that you read the preamble to all informant who are in paid work
- Q3(a) We are interested in any of the types of heavy housework shown on the Card B, or other similar housework. We are not interested in the individual activities. We do not ask about lighter housework as it is much less relevant to people's total level of activity.
- Q3(b) We want the number of <u>days</u> in the last four weeks in which the informant has done heavy housework Remember to use leading zeros where necessary
- Q4(a) Include gargening, DIY and building work done in the informant s or someone else s home, greenhouse, allotment etc. But work done professionally as a gardener or builder should be excluded

Card C contains examples of heavy manual gardening

and DIY. We are not interested in individual items but in heavy manual work as a whole.

Q4(b) We want the number of <u>days</u> in the four weeks in which the informant has done heavy manual gardening or DIY.

Remember to put in leading zeros where necessary.

- Q5 Walking is an activity that is difficult to recall accurately. If your informant answers no to this question, check that s/he has really not done any walks of over a quarter of a mile. Stress the term "any" in your probing and include walking to the shops, walking home from work etc.
- Q6 We are interested in continuous walking of over a mile at a time. Include any continuous walking of over a mile the informant has done in the past 4 weeks. This can be a country walk, a ramble, walking in the course of work, walking to and from work or any other walks done in this country or abroad. But exclude:
  - walking while playing sports (eg. golf);
  - shorter walks which together add up to a mile or more;
  - just "being on your feet" for at least 20 to 30 minutes (not necessarily walking) .
- Q6(a) We want the number of <u>times</u> the informant has done walks of a mile or more in the past four weeks. Thus if someone did 2 walks of a mile in a day, this should be counted as two times.

Remember to insert leading zeros where necessary.

- Q7 We want to know the pace at which the informant usually walks. If the informant's walking pace varies according to who they walk with, repeat the question stressing the word 'usual'.
- Q8 This section covers any recreational sports and exercise activities done in the 4 weeks before the interview. Include sports done abroad and time spent on training, practising, refereeing and coaching sports. But exclude sports done by professional sportsmen on a professional basis, this has been covered in the activity at work section.

Card D contains the list of activities printed in the grid in Q9.

We found in the pilot that some informants who did 'seasonal sports felt that their answer to this question was not typical. If your informant raises this point explain that we want to know about the

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last four weeks because the benefit the heart gets from activity and exercise is thought to be related to the physical activity done over the previous four week period Also point out that the intention of this section is to obtain a range of information about the physical activity which can be combined together to provide an overall picture of the informant s general activity level. It is highly unlikely for a person who is active in a seasonal sport to be completely inactive for the rest of the year and we would expect to pick up activities done under other questions in the section

Include in cycling any type of cycling from racing to cycling as a means of transport Also include exercise bike but exclude motor cycling

Exercises (for example, press-ups and sit-ups), aerobics, keep fit and dance for fitness, gymnastics are very similar activities. Some people see then as the same thing while others see them as different activities. There is no need to worry too much about the definition of the two groups. Just take the informant s own definition.

However, if the informant says that they have done both exercises and aerobics etc check that s/he indeed does exercises and aerobics etc as separate activities (eg does sit-ups and aerobics on different occasions) If yes, treat the two as separate and ring codes 03 and 04 If no, ring either the code 03 OR code 04

Include in the any other type of dancing category any dancing that is not dance for fitness

Walking is not included here because we have already covered it. If informants said hiking, check that they have not told you about this in Q4. If they have not included it in Q4 include it here. If they have included it in Q4, do not include it here.

- Q9(b) This question asks for the time the informant usually spends on the activity Place particular emphasis on the fact that we want to know the <u>actual</u> time they spend on the activity Exclude the time they spend changing or any breaks they took The National Fitness Survey has shown that this is particularly important with activities such as swimming and dancing where times are likely to include getting changed or sitting down between dances If the informant has had breaks, add up the time that s/he actually spent doing the activity
- Q9(c) This question aims to identify the level of activity at which a person performs, or at least whether the

level of activity was sufficient to make the person either out of breath or sweaty. It is important that we know the effort exerted because this affects the classification of the informant into the various activity groups. The important thing is that it should have been the "effort" they used which made them out of breath or sweaty, not just the fact that the temperature was high. For some activities, such as swimming, people might get out of breath without sweating; only one of the criteria has to be fulfilled for the answer to be "yes".

## SHOKING AND DRINKING (pages 26-35)

SELF-COMPLETION SMOKING AND DRINKING SCHEDULE FOR PERSONS AGED 16 AND 17

Methodological research shows that there is a tendency for people to understate the amount they smoke and drink. This applies to all age-groups but it can be especially difficult to get younger people to tell you the truth, particularly in the context of a household survey if you are interviewing, as you often are, in a family situation

We have therefore devised a self-completion form to be used for young people aged 16 and 17 Since it only applies to this agegroup it is not included in the self-completion booklet but is a separate document You should use this self-completion form IN ALL CASES when you are interviewing a 16 or 17 year old.

Both the smoking and the drinking sections of the self-completion form are shorter and simpler than on the main interviewing schedule. This is mainly because some of the questions are just not appropriate, at the age of 16 or 17 many young people do not have established patterns of smoking and drinking and in particular cannot be regarded as ex-smokers or ex-drinkers in any meaningful sense

The smcking section concentrates on cigarettes and excludes the questions about cigars and pipes, since few 16 & 17 year clos smoke them Although those who say they do not smoke nowadays are asked whether they have ever smoked, they are not asked for details of their previous smoking habit. The questions about giving up smoking and being advised to give up are also omitted.

Similarly the drinking section excludes the questions about cutting down on drinking and being advised to cut down on drinking Non-drinkers are not asked about their previous drinking habits, nor about the reasons for stopping drinking or whether they were advised to stop drinking

The self-completion form is therefore fairly short and straightforward so 16 and 17 year old informants should not normally have any difficulty in entering their replies Qs 3&4 of the drinking section, concerning the quantity and frequency of drinks consumed, are probably the most complicated If informants seem to need help you may explain the signposting, clarify questions etc., providing you can still preserve the confidentiality of the self-completion

When the self-completion form is handed back to you, please check that it has been properly completed and, if necessary, ask the informant to rectify any omissions

# SMOKING (pages 26-28)

#### Purpose of section

Smoking is an important risk factor for cardiovascular disease. The information in this section will be used to examine and describe the relationship between smoking and cardiovascular conditions/symptoms. It will also allow us to produce estimates of the proportion of the population exposed to this one risk factor (smoking) and to combinations of more than one risk factor (smoking together with heavy drinking or lack of exercise or high blood pressure or a high cholesterol level).

In addition, these questions provide some data about people's smoking habits and how these are changing over time. However, the General Household Survey (GHS) will continue to be the main source of such information because it covers a larger sample size and asks more detailed questions about smoking habits, such as the brand/tar level of cigarettes smoked.

You should <u>not</u> mention the Department of Health in your introduction to this section. As far as possible we want to avoid reminding informants of the health risks of smoking in case it biases their replies. So please do not comment on the hazards of smoking or on your own feelings about smoking. However, if you need to give further explanation of the purpose of this section, you can say that over time there has ben a lot of discussion about the effect of smoking on health and that we are interested to see what effect this discussion is having on people's smoking habits.

# General points

We are only interested in ordinary tobacco which is smoked. You should therefore ignore any references to snuff, tobacco or tobacco products that are chewed or sucked or herbal tobacco. But remember to include hand-rolled cigarettes.

Those of you who have worked on the GHS will see that questions 1-8 are almost identical to questions used in the GHS smoking section. The only differences are in the order of the questions on the printed questionnaire (the questions for current smokers come after those for ex-smokers, rather than before) and at Q3, which identifies ex-occasional smokers as well as ex-regular smokers.

| Q1 | By 'ever smoked a cigarette, cigar or pipe' we mean<br>even just one ever in their life. (There is a |
|----|------------------------------------------------------------------------------------------------------|
|    | special code for such informants at Q3(a))                                                           |
|    |                                                                                                      |

Qs 2 & Do not define 'nowadays', but ask informants to decide 11(a) instead.

Qs 3 & At Q3 main we again want ever to include even 3(a) just one cigarette ever in their life

> At Q3(a) we want to distinguish between informants who used to smoke regularly, that is at least one cigarette a day, and those who only smoked occasionally The SPONTANEOUS ONLY code is for the kind of informants, mentioned above, who only ever experimented with cigarettes, probably when they were children or teenagers

- Qs 7 & 8 Note that the <u>daily</u> figures are required at both these questions. If any informant can only give the amount in ounces of tobacco or an overall weekly number of cigarettes, record these amounts as a last resort Record them as a note, beside the coding column
- Qs 9 & Here we want the Yes code to identify people who gave 9(a) up or tried to give up smoking because of a health condition they had at the time Do not include informants who gave up because of <u>fear of a future</u> <u>health condition</u>, such as lung cancer or respiratory trouble, or because they felt generally that it was an unhealthy habit or they wanted to become healthier Do not include informants who gave up for other reasons, such as not liking being addicted to cigarettes, expense, social pressures etc

If informants say they gave up because of advice from their doctor, prompt Did the doctor advise you for a specific reason? to ascertain whether the advice was because of a particular health condition they had at the time (in which case code Yes) or was general advice for a healthier lifestyle (in which case code No)

At Q9(a) use the nine precodes wherever possible because we may not analyse the other specify codes If informants ask what other respiratory problem means, you may say Any other problem with your breathing

Q 10 & We are interested in identifying informants who 10(a) have received medical advice to stop smoking. So the important distinction at Q10(a) is between medical advisors - GPs, consultants, nurses, health visitors, etc - and all other non-medical advisors. Staff at fitness clubs, gyms etc should not generally be included in the medical category. If you are unsure whether someone counts'as a medical person, note details of exactly who they were and flag the question

Qs 4,7,8 All these questions ask for numbers of cigarettes/cigars & 11(b) smoked Informants may reply with a range, try to obtain a specific number but accept and record the range if the informant cannot give a number

## DRINKING (pages 29-35)

## Purpose of the section

This section is included in the survey because drinking alcohol is a known risk factor for cardiovascular disease. The information collected in this section will be used to examine the relationship between drinking habits and cardiovascular disease and other conditions covered in the survey.

## Administering the section

You only ask this section of informants aged 18 and over. 16 and 17 year old informants will complete this section using the blue Self-Completion Smoking and Drinking Schedule D. But remember to code Q8 of the section for informants aged 16 and 17.

#### The questions

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We do not need to know how often informants drink non-alcoholic and low alcohol drinks. Read the preamble out to make the informant aware of this.

The preamble asks the informant to include shandy but be careful to include only alcoholic shandy which is composed of half beer and half lemonade. Cans of shandy, for example, generally have an extremely low alcoholic content and therefore would not be included. Similarly all other non-alcoholic or low alcohol drinks (eg. low alcohol wine) are also excluded.

Prompt each group of drinks on the list in relation to Card F. Read out <u>all</u> the drinks in each category, including what is in brackets.

Remember to include home-made or home-brewed drinks in the appropriate category (eg. rhubarb or nettle wine should be coded as "wine" and not entered as "Any other alcoholic drinks, specify").

Where drinks are grouped at this question, we are not interested in any one particular drink in a group, but in the group of drinks as a whole. Thus if someone answers that s/he has a drink of whisky twice a week and of gin once a week, you should throw the question back, explaining that we just want to know how often s/he has had a drink of <u>any</u> kind of spirits and liqueurs in the last 12 months.

If an informant cannot decide what his or her answer should be, you should make full notes of what is said. Ask for each group of alcoholic drink the informant has consumed in the last 12 months. Leave blank the groups that the informant has not drunk

Always record the <u>total amount</u> usually drunk on any one day

Please insert a leading zero where necessary to make the figures entered double digits

Record the amount drunk in the appropriate coding boxes according to the procedure set out below

<u>Shandy</u> should be recorded in "half pints" If the informant answers in terms of pints, multiply the amount by 2. So if someone answers two pints, you should enter 04 (ie 2 pints x 2). If someone answers 2 and a half pint, you should enter 05 (ie 2 pints x 2 + 1 half pint)

<u>Beer/lager/stout/cider</u> should be recorded in half pints or large or small cans. If the informant answers in terms of pints, you will have to multiply the amount by 2 as described in the paragraph above

It is increasingly common for canned beer, lager or cider to be measured in litres or fractions of a litre. We expect large cans to be approximately 550 ml, just under a pint, and small cans to be approximately 275 ml, just under half a pint. If the cans consumed were a different size, do not put the amount in the coding boxes but record the size of the cans and the amount drunk on the right margin next to the coding boxes for beer

If bottles of beer, lager or cider have been drunk we need to know their size eg half pint, 350 ml, 3/4 pt, 75 cl, 1 litre etc Again do not record the amount in the coding boxes but record the size of the bottles and the amount drunk on the right margin next to the coding boxes for beer

If the informant says that he/she drinks beer in pints as well as in cans, ask what container he/she <u>usually</u> drinks from and record the answer in the appropriate coding boxes. If your informant usually drinks a combination of beer in pints and in cans, for example, 1 pint and 2 small cans, recode 02 in the half pint coding boxes and 02 coding boxes for small cans.

<u>Spirits</u> should be recorded as singles, so that a double gin should be entered as 02 singles A nip or a tot should be treated as a single (In Scotland, singles are sometimes known as halves).

In the exceptional case of answers being given in

Q4

terms of bottles, you should check what the informant means and code as follows: 1 miniature bottle (spirits) = 02 singles any other bottle (spirits)-full bottle = 27 singles - half bottle = 14 singles - quarter = 07 singles. Occasionally, answers may be given as "spoonfuls" in this case establish and record whether it is a teaspoon or a tablespoon etc. and record the answer on the right margin next to the coding boxes for spirits. <u>Wine</u> should usually be recorded as glasses. If answers are given in terms of bottles or carafes check the size and code as follows: carafe/standard bottle - full bottle 06 glasses (wine) (70cl or 75cl) - half bottle 03 glasses - 1/3 bottle 02 glasses - 1/4 bottle 02 glasses litre bottle (wine) - full bottle O8 glasses - half bottle 04 glasses - 1/3 bottle 03 glasses - 1/4 bottle 02 glasses. If the informant cannot specify the size of the bottle, treat it as a standard size bottle. Fortified wine (eg. sherry, martini etc) should be recorded as small glasses. Sherry may also be drunk in large glasses, known as "schooners". A schooner should be recorded as 2 small glasses. If the informant answers in terms of bottles of fortified wine, check the size and code as follows: 1 bottle (fortified wine) - 14 small glasses half bottle - 07 small glasses. At the "anything else" category you will need to enter in each case the description of the quantity as well as the number - eg. 2 glasses, half bottle, <u>1 teaspoon</u>, etc. If at any part of Q4, the amount usually drunk on any one day varies so greatly that the informant is unable to answer, you should probe for the amount most usually drunk on any one day during the last 12 months.

NB. At Q3 and Q4 there is no need to indicate which particular drink in a group the frequency or quantity relates to.

Here we want the yes code to identify people who cut down their drinking because of a health condition they had at the time Do not include informants who cut down because of <u>fear of a future</u> <u>health condition</u> or because they felt generally that it was an unhealthy habit or they wanted to become healthier Do not include informants who gave up for other reasons, such as expense, social pressure etc

If informants say they cut down because of advice from their doctor, prompt Did the doctor advise you for a specific reason?' to ascertain whether the advice was because of a particular health condition they had at the time (in which case code Yes ) or was general advice for a healthier lifestyle (in which case code No )

Synonyms for hardening of the arteries" are arteriosclerosis, atherosclerosis, furring, clogging up or narrowing of the arteries

- Q8 & Q8a We are interested in identifying informants who have received medical advice to cut down their drinking So the important distinction at Q8 (a) is between medical advisors- GPs. consultants, nurses, health visitors etc - and all other non-medical advisors Staff at fitness clubs, gyms etc should not generally be included in the medical category If you are unsure whether someone counts as a medical person, note details of exactly who they were and flag the question
- Q9 For informants who currently drink alcohol the drinking section ends after this question

What section you should go to next depends on who your informant is The two interviewer codes in the question will direct you to the next relevant section The routing of the various groups of informants are set out below

(a) If you informant is aged 16 or 17, you should have arrived at this question after the self completion drinking schedule has been handed out For all 16 and 17 year old informant code 1 and go to Eating Habits

(b) If your informant never drinks alcohol nowadays (Q2 coded 2), ring code 2 and go to Q10

(c) If your informant drinks once or twice a year or less often (Q5 coded 7 or 8), ring code 3 and go to Eating Habits

(d) For any other informants, ring X and hand the informant page 3 of the pink Self-Completion booklet

and explain how he/she should answer the question on drinking experiences. The instructions for completing the drinking experiences questions are printed on both the Individual Schedule as well as the Self Completion booklet.

Remember to ring the code at Q9a to indicate whether an informant who has been offered the drinking experiences section has accepted or refused it.

When the informant has finished answering the drinking experiences questions ask them to give the booklet back to you.

Here we want the 'yes' code to identify people who stopped drinking because of a health condition they had at the time. Do not include informants who stopped because of <u>fear of a future health condition</u> or because they felt generally that it was an unhealthy habit or they wanted to become healthier. Do not include informants who stopped for other reasons, such as expense, social pressure etc.

> If informants say they stopped because of advice from their doctor, prompt 'Did the doctor advise you for a specific reason?' to ascertain whether the advice was because of a particular health condition they had at the time (in which case code 'Yes') or was general advice for a healthier lifestyle (in which case code 'No').

> Synonyms for "hardening of the arteries" are arteriosclerosis, atherosclerosis, furring, clogging up or narrowing of the arteries.

Q14/Q14a We are interested in identifying informants who have received medical advice to stop drinking. So the important distinction at Q14 (a) is between medical advisors- GPs, consultants, nurses, health visitors etc - and all other non-medical advisors. Staff at fitness clubs, gyms etc. should not generally be included in the medical category. If you are unsure whether someone counts as a medical person, note details of exactly who they were and flag the guestion.

Q13

## KATING HABITS (pages 36-37)

## Purpose of the section

What people eat is a risk factor for cardiovascular disease. Although diet will be covered in detail in a separate programme of dietary surveys by OPCS, we would like to collect some information on the consumption of a limited range of foods which are particularly important in relation to cardiovascular disease and health more generally.

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# General points

If possible use one of the pre-codes rather than the "other specify". If you do use the "other, specify' code, take down full details of the brand and the description of the food, for example, Tesco's Dairy Churn, Flora Extra Light, Sainsbury Corn Oil etc. This is especially important for supermarket own brand foods.

# The questions

Q1 This is a 'code one only' question. We are interested in the kind of bread the informant <u>usually</u> eats. By 'usually' we mean the type that the informant eats the most of. If your informant eats two loafs of white and one loaf of wholemeal bread, code white. If your informant eats the same amount of two or more kinds of bread, throw the question back to the informant and let him/her decide which kind of bread he/she usually eats.

If you have to use the other, specify code, take down the description of the bread, for example, pitta bread, nan etc. and whether the bread is white or brown. Sourgrain brack by Mighly White Should go in cock 2

Q2 This is also a "code one only' question. The instruction for Q1 applies.

We are only interested in the sort of fat informants put on bread. Do not include spread such as jam, honey, meat and other pastes, marmite etc.

When you are specifying soft margarine, low fat spread, reduced fat spread and other fat, make sure that you note down the full name of the brand and the description and/or name of the product as specified in 'General points'. Q3 We are interested in the fat and oil used for both deep and shallow frying.

The instruction for handling Q1 applies to this question.

If you have to specify the margarine, oil or other fat used, note down the full name of the brand and describe the type of fat used. For example, Sainsbury Sunflower Margarine, Mazola Corn Oil etc.

- Q4 The instruction for handling Q1 applies here. Whole milk includes silver top, gold top and red top.
- Q7 Include oven chips as chips.

When different foods are grouped, for example, other fried food, meat pies and pasties and fresh fruit, take the total frequency of eating. For example, if the informant eats fried fish once a week and fried chicken twice a week, use code 3 (3-6 days a week) for other fried foods.

### PSYCHOSOCIAL FACTORS (page 38)

This section is included for the Health Education Authority They are particularly interested in measuring stress, and also the relation between psychosocial factors and general health

# Administering this section

The whole section is self-completion The questions are on pages 4 to 8 of the pink Self-Completion booklet C

Informants who have completed the drinking experiences section will have a Self-Completion booklet with their person number on it. Give the Self-Completion booklet (open at page 4) back to the appropriate informant. If the informant has not completed the drinking experiences section (for example, light drinkers, non- drinkers, and 16 and 17 year old informants), give them a Self-completion booklet, open at page 4. Check that the informant has a pen or pencil and read out the instructions on how to complete the section. These are printed on the Individual schedule as well as on the Self-Completion booklet.

Some of your informants may not have used the Self-Completion Booklet before Make sure that your informant knows that he/she should tick the box next to the selected answer If necessary, show him/her what to do

This part of the Self-Completion booklet contains routing instructions which may not be familiar to your informant Make sure that you explain how the routing arrows work

Remember to code whether the informant accepts or refuses the Psychosocial Factors section When the booklet is returned to you, quickly check that the informant has answered all the questions

- Q1 This is a standard questionnaire that has been developed and used in many applications. It measures the presence of likely depression and anxiety - though do not say this to informants.
- Q2 This question gives some indication of the amount of stress the informant may be experiencing in the past four weeks Daily living covers every aspect of day to day living - home life, social life, work and leisure etc
- Q4 This is about the degree of social support or isolation a person feels. It does not matter whether the support comes from friends or family, so if someone feels loved by friends or by family then answer certainly true, code 3

Q6 This question only applies to women, men are sign-posted round it. Please check that all women fill in this question when they hand the Self-Completion booklet back to you.

The reason this question is included is because some studies have shown that oestrogen protects against cardio-vascular disease. Thus whether or not women have reached the menopause is a risk factor associated with cardio-vascular disease. Thus we want to find out whether female informants in this survey have reached the menopause or not.

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# CLASSIFICATION pages 39-44

## Purpose of section

As on most surveys you are asked to collect some facts which will describe the person interviewed and, often, the household in which he or she lives. Since for many of these facts the distribution of different answers is known for the population as a whole (from such sources as the Census) this is an important check on the representativeness of the sample. putting this information together we can say what kind of people and households our survey represents and can see how the experiences, attitudes and behaviour of informants vary according to their personal characteristics and household circumstances. For example, by comparing the answers given by men and women, members of different social groups, or people of different ages we can tell whether their experiences and attitudes differ according to these factors. Before beginning to ask classification questions you should always explain briefly to your informant why this information is needed.

Employment (Q1-9) pages 39-42

Q1 At Q1 include as 'paid employment'

- employment or self-employment for any number of hours, including Saturday jobs, and casual work, baby-sitting, running mail-order clubs etc.

- anyone who was paid a wage or salary by an employer while attending an educational establishment.

- wives (or husbands) working unpaid in their spouse's business provided they work for 15 hours or more a week.

- wives or anyone else working in a friend's or relative's business, as long as they received (or will receive) an amount of money in remuneration or a share of the profits.

- people working for employers last week on Government schemes.

Also include any persons who were absent because of holiday, strike, sickness, maternity leave, lay-off, or similar reason, provided they have a job to return to, with the same employer. Do not include those receiving redundancy payments who have no job to return to.

## Treatment of people on Government schemes

In 1991 several government schemes will be in operation and details of these are set out below. It is possible that informants may use 'old' names that have been subsumed into the Employment Training (ET) programme, examples of these are given in the notes Details of the various schemes are given below.

The identification of those on government schemes is unfortunately becoming more difficult than it has been in the past.

The main reason is that the Employment Department itself is now moving one step further from the point of delivery of training, work experience, etc. The responsibility for organising and delivering the schemes is to be held locally by Training and Enterprise Councils in England and Wales (TEC) instead of the Training Agency. The TEC itself will mostly contract out the management of trainees programmes to Managing Agents who will organise specific placements at college or with employers or whatever.

The change is being made as each TEC becomes operational. Each TEC has a good deal of freedom to organise the schemes the way it wants, and some may run them under a name other than YT or ET.

YT YOUTH TRAINING (previously called YTS - Youth Training Scheme)

This scheme focuses on people 16 or 17 years old, unemployed and provides an integrated programme of training, education and work experience for up to 2 years. Since April 1986 16 year old school leavers have been eligible for a two year YT and 17 year old school leavers for a one year YT.

YT is run by managing agents who coordinate contributions from employers and colleges. In most schemes the young person will work with an employer but will receive a minimum number of weeks training, some or all of which may be at a college. In some cases the person will spend most of the time on a course at a College of Further Education or some other educational establishment.

## ET EMPLOYMENT TRAINING

This is an extensively advertised new government scheme aimed at the long term unemployed. It is a response to the problem of those who have been unemployed for a long period and seeks to address the shortage of skilled workers. While YT is aimed at 16/17 year old school leaver ET is available for a much wider age range than YT, ages 19-63. The scheme began in 1988 and takes over from a range of government schemes - informants may well use old names. For our purposes ET covers: Employment Training Community Programme Voluntary Project Programme Wider Opportunities Training Programme

People on ET will usually be with an employer but as with YT the scheme can include periods of college training or in some cases the person may spend most of their time at a college.

#### CI COMMUNITY INDUSTRY

People on a CI scheme have a formal contract of employment and are counted as being 'at work'. This provides jobs for personally and socially disadvantaged young people who undertake work projects of benefit to the community. Community Industry recruits 17-19 year olds for whom YT places are inappropriate and temporary employment is provided by Community Industry Ltd, a registered charity.

At Qs 1-3 you should accept a persons answer as to whether they were in paid employment or self-employed last week. However, if they tell you that they were on a Government scheme and query whether they are working or not you should apply the following rule:

- People on YT/ET with an employer providing work experience (employer based) last week should be treated as working last week, Q1 coded 1, and so questions about their job (Q8) apply to the YT/ET job.

- People on YT/ET at college last week are treated as economically inactive and should be coded 8 at Q3 and the scheme specified.

-People on CI last week should be treated as working last week, Q1 coded 1, and so questions about their job (Q8) apply to the CI job.

Q2 Working full time = more than 30 hours a week excluding meal breaks and over time. Working part time = working for 30 hours or less a week excluding meal breaks and over time.

#### Q3 Code 1: Waiting to take up a job

- include at <u>code 1</u> people who have a job fixed up but have not yet started work in it.

### Code 2: Looking for work

include anyone who was out of employment but actively seeking work 'last week' - eg registered at a government Employment Office, Jobcentre, or Careers Office, or at a'private employment agency, answering advertisements, advertising for jobs etc.

- include those doing voluntary work if they are <u>also</u> looking for work.

Code 3: Intending to look for work but prevented by temporary sickness or injury

- exclude anyone whose temporary sickness or injury has already lasted longer than 28 days (ie 4 weeks). Such people should be coded 9 'something else'.

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Code 4: Going to school or college.

NB This category can apply only to persons who are under 50 years of age.

The category includes people following full time educational courses at school or at further education establishments (colleges, university, etc). It includes all school children (16 years and over).

During vacations, students should still be coded as 'going to school or college'. If their return to college depends on passing a set of exams, you should code 4 on the assumption that they will be passed. If however they are having a break from full time education, i.e. they are not returning/going to the educational establishment at the next opportunity e.g. taking a year out, they should not be counted as in full time education.

The following persons are excluded:

1. students who say they are working or unemployed in the reference week (coded 1 at Q1 or coded 1-3 at Q3)

2. persons who are paid a wage or salary by an employer while attending school or college - they should have been coded 'in paid employment' at Q1.

#### Code 5: Permanently unable to work

NB This category can only apply to those under state retirement age, ie to men aged 16-64 and women aged 16-59. Other persons must be coded 6-8.

Include only persons whose inability to work is due to health problems or disablement. People who are permanently unable to work because of domestic responsibilities should be coded 7.

#### Code 6: Retired

The intention is to include only those who retired from their full-time occupation at approximately the retirement age for that occupation, and are not seeking further employment of any kind. Thus women who at a comparatively early age cease work in order to become housewives are excluded from this category.

Note that a retired person who last week was ill or in hospital etc should be coded to the normal status is retired.

Code 7: Looking after the home or family

This covers anyone who is mainly involved in domestic duties, provided this person has not already been coded in an earlier category. There can be more than one person in a household looking after the home or family.

Note that a person looking after the home or family who last week was on holiday or in hospital etc should be coded to the normal status, ie code 7.

#### Code 8: Doing something else

Include anyone for whom the earlier codes are inappropriate, eg people intending to look for work but prevented by temporary sickness lasting more than 28 days, full-time students aged 50 or over who are not permanently unable to work, retired, or looking after the home/family, people on YT/ET who were at college last week and who queried Qs 1-3, and people at industrial rehabilitation centres or government training centres on Training Opportunities Programmes.

**Q8** Information at this question is used to code Socio-Economic Group and Industry. You should use the new classification system (1990) SOCC coding frames for Occupation and Industry coding on this survey.

We always need a detailed description of both occupation and industry. Please refer to the 'Handbook for Interviewers' for notes on questioning procedures. Please note that we need a job title, a full description of the work including the main activity, the level of skill and the level of responsibility.

Self-employed/employee: In general accept the informant's answers, except:

1. Where there is doubt you should try and find out how they are described for tax purposes, and for National Insurance Purposes If the informant does not pat tax or NI, accept the informant's answer, but note that people working as mail order agents, pools agents, odd-jobbing, baby-sitting etc are usually classed as 'self-employed'. NB It is possible to be self-employed and work under contract to an employer (eg in the construction industry).

2. For all directors and managers who say initially that they are self-employed, check whether they work for a <u>limited</u> company. If they do, they are treated as employees for tax and NI purposes and should be coded 'employee' here.

Managers, Foremen/supervisor, other employee

The distinction at Q8(a) between managers, foremen/supervisors, and other employees is important but sometimes difficult.

'Managers' are generally responsible for long-term planning and have overall control often through foremen or supervisors.

'Foremen' and 'supervisors' have day-to-day control of a group of workers who they supervise directly, sometimes themselves doing some of the work they supervise.

Ask or record the answer as appropriate, remembering that job titles can be a useful indication of level of responsibility but can be misleading (eg a playground supervisor' supervises children not employees, and so should <u>not</u> be coded as a supervisor; a 'stores manager' may be a store-keeper and <u>not</u> a manager)

Number of employees - exclude from the total number of employees

- any relative who is a member of the informant's household - any partners in a partnership (as they would also be self-employed).

## Education (Q10-11) pages 42-43

- Q10 If you already know that your informant is currently at secondary school, code 1 without asking the question. If informants tell you that they left school before reaching the minimum school-leaving age (currently 16) because their birthday was in the holiday period between school years or terms, record them as having left at the minimum age.
- Q11 The qualifications shown on Card J are grouped into 7 types. You should hand the informant the card and ask them to tell you the first one they come to that they have passed. We only want the highest qualification coded and as the list is ordered from highest to lowest then you need only ring the first code that applies. Note that the qualifications are arranged in groups; we do not need the individual qualification coded, only the group in which it falls.

You may need to probe your informant's answer in order to establish which code to ring at Q11.

Anything that you are unsure about should be specified at code 7.

# Place of Birth (Q12-13) page 44

Q12 This is same ethnic group question as was used on the 1991 Census. It is an opinion question and should be asked of <u>all</u> people. Please make sure that any answers coded 'Black-Other'(code 4) or 'None of these'(code 9) are prompted and specified fully at part (a).

## PARKNTAL HISTORY (pages 45-46)

#### Purpose

- -

Parental history of cardiovascular disease or related conditions is considered to be a risk factor. This section is limited to collecting information about the cause of parent's death. Therefore these questions are only asked of those whose natural parents have died. It is essential that we collect health information about the informant's <u>natural</u> parents and <u>not</u> their adopted/foster or step parents.

- Q1 Check if the informant lives with mother/father on the household schedule.
- Q2 If the informant lives with his/her parents, it still has to be determined whether they are the <u>natural parents</u> of the informant.
- Q3 If the informant does not live with their <u>natural</u> parents we need to know-whether they are still alive
- Q4 Some of the conditions are also known by other names which have been placed within brackets. These are for your information and should only be used if the informant is not sure under which category their parent's condition falls. If the informant names more than one condition, ask for <u>main</u> cause of death.
- Q6 Please do not forget to enter the finish time for the questionnaire.

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MEASUREMENT SCHEDULE J

USK OF PRESCRIBED MEDICINES QB 4-6

Q4 This question asks about <u>prescribed</u> medicines, pills, ointments or injections; non-prescribed medicines should not be included. We need to know what prescribed medicines the informant is currently taking, if any. This information is necessary for - interpreting the results of the blood analyses and the blood pressure readings. The question should be asked of all informants.

Note that non-prescribed food supplements are asked about at Q7, but any prescribed food supplements should be recorded here.

Suppositories, if prescribed, should be included.

Eye drops, hormone implants, plaster on prescription should be included at this question.

Q5 If prescribed medicines are being taken, ask to see the container(s). The interviewer will have explained to the informant at her visit that you will be asking about prescribed medicines and will have asked the informant to get their medicines ready prior to your visit. However, the informant may have forgotten about this and so you will have to ask them if they can fetch the containers for you to look at. If possible ask all members of the household to collect together their medicines and dietary supplements early on in the visit to avoid multiple trips to the bathroom cabinet.

Check the name of the drug very carefully. Record in BLOCK CAPITALS in the grid, the <u>full name of the drug. including brand</u>, <u>strength. and the dose prescribed</u>. All this information is usually printed on the label. It is better to record too much information than too little.

Remember to record details of all the prescribed medicines being taken. There is room to record 6 on the schedule - any more than this should be recorded on the "Use of medicines - supplementary sheets"that you have been given. These should then be tagged to the back of the individual schedule.

Q6 This question should be asked of women aged 55 or under. Men and women over the age of 55 should not be asked this question, they go straight to Q7. For women aged 55 or under we want to check that they have included the contraceptive pill (if they are currently using it) in the prescribed medicines.

Ring the code to show that you have checked, and if the pill is being taken record the name and strength in the grid at Q5. If hormone replacement therapy drugs have been prescribed these should also be included in the grid at Q5.

#### USE OF DIETARY SUPPLEMENTS QB 7-9

Q7 This question should be asked of everyone. This question is intended to cover any dietary supplements, other than those which have been prescribed by a doctor, but to exclude things like cough mixture, aspirin and prescribed medicines which are not dietary supplements. The most usual dietary supplements are iron tablets, vitamin tablets, multivitamin tablets, or drops, kelp, lecithin and garlic capsules. If the informant queries 'at present' then take their opinion of whether they think of themselves as taking whatever it is 'at present'.

If a dietary supplement is being prescribed check that it has been included in the grid at Q5.

#### Q8 Whether supplement contains iron

Ask if you can see the containers for all vitamin and mineral supplements being taken. For each one check if they contain iron. Iron may appear as ferrous salts eg. ferrous sulphate, ferrous fumarate or ferrous glucose etc. You should then record whether the supplement(s) contains iron or not. If the informant is taking more than one supplement ring code 1 if any contain iron, if all of them do not contain iron ring code 2. If it is unclear whether they contain iron or not ring code 3.

Q9 Details of dietary supplements taken:

<u>Details only need to be recorded for supplements which contain</u> iron or for those where it is unclear whether they contain iron or not. Thus if a supplement definitely does not contain iron there is no need to record the details at this guestion.

(i) Record a <u>full description</u>, including brand name, if appropriate, of each supplement being taken. For ease and accuracy of recording you should always ask to see the dietary supplement container.

(ii) Record the <u>strengths</u> of the dietary supplement; this will always be shown on the container eg. iron 15mg; Vitamin C 500mg; Vitamin C 50mg.

(iii) Record the <u>dose taken</u>; ie. the number of tablets, drops, 15ml spoons, teaspoons etc taken on each occasion.

(iv) Record <u>how often</u> each dose is taken, eg. three times a day; once a week; once a day etc.

(v) Record the iron content of each dose e.g. 20 mg

If more than 3 dietary supplements are currently being taken we do want you to record the details of all those being taken. We have provided special extra sheets for this, so record details of any further supplements on the "Dietary Supplements - Supplementary sheet". Use as many supplementary sheets as necessary to record all the supplements being taken. These sheets should then be tagged to the back of the individual schedule.

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Blood pressure and heart rate readings

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For the correct way to measure blood pressure, please look at the protocols. It is important that all nurses measure blood pressure in the same way. Otherwise it will be very difficult to understand and compare the results. As a further precautionary measure an enopymised COPY of each

As a further precautionary measure an anonymised copy of each blood pressure reading will be sent to HQ. Any apparently high or unusual readings will be scrutinised by the doctor at HQ. If the reading is judged to be high, then, by reference to the serial number, a further letter will be sent to the informant's GP, drawing attention to the reading. In cases where the informant is not registered with a GP, or has refused consent for us to contact their GP, a letter suggesting they might seek medical advice will be sent direct to the informant.

**Q1**0 The informant's blood pressure could be higher than normal if they have eaten, snoked or drunk alcohol in the previous 30 minutes. Ideally they should not have breached this "half-hour" rule You will already have checked on this at the beginning of the visit and adjusted the order in which you deal with informants to try to avoid breaching the rule (see Despite your best efforts, it may still be Q1) possible for the informant to have breached the half-hour" rule; if they have, then record at Q10 that they have eaten or smoked or drunk alcohol. If they have not breached the "half hour" rule, remember to ring the 'No' code, code 4. This information will assist in the interpretation of the blood pressure reading

Q11 Record the blood pressure readings in the boxes on the schedule The layout of the boxes on the schedule is comparable to that on the DINAMAP machines

> Irrespective of their behaviour in the 30 minutes <u>before</u> you take their blood pressure, the informant must not eat, snoke or drink (non-alcoholic as well as alcoholic) while the measurements are being <u>taken</u>. In the unlikely event of them wanting to do so, you should try to persuade them to stop. If you are unable to stop them then, as a last resort, you should continue with the measurement but record details of their behaviour at Q13 code 4.

- Q12 If any informants refuse to give their blood pressure, we need to have full details of the reasons. Please probe and write down full details of the reasons for refusal.
- Q13 Different types of problems could occur while measuring blood pressure. The most common difficulties are listed on the schedule. There are two possible causes for the DINAMAP 8100 to show a flashing '844' in the pulse display Either the informant has an erratic pulse or he/she moved excessively while the measurements were being taken Check the informant s pulse manually If the informant s pulse is erratic, ring code 2 and go to Q12 If the informant's pulse is not erratic, repeat the measurements ensuring that the informant is sitting still

If the informant has eaten, smoked or drunk (nonalcoholic as well as alcoholic) while the measurements were being taken, ring code 4 and give full details, as explained at Q11.

Q14 As on all OPCS surveys informants will have been assured of the confidential nature of their participation which means that any information given is treated in confidence and that no identifiable information about an individual or his/her household will be passed to any other body without the informant's consent. In order to send the results to the informant's GP we must obtain written consent from the informant and the GP's address. Please follow the instructions on the schedule (Q14a -Q14f) and the signposts in the outer right column.

> If informants are reluctant for the results to be sent to their GP, you might like to point out that it will be helpful for the GP to have this information.

#### Demi-span measurements (Q15)

For the correct way to measure demi-span please look at the protocols. It is very important that all nurses take the measurements in the same way. Otherwise it will be very difficult to understand and compare the results.

- Q15 Record the length of the demi-span in centimetres and to the nearest millimetre on the schedule. The decimal point has been printed on the schedule for you.
- Q15(a) If informants refuse to allow you to measure demispan, ring code 9 and give full details of their objections.
- Q15(b) If you have not attempted to measure demi-span, please give full details of the reason(s).
- Q15(c) The correct way of measuring demi-span is with the informant standing with his/her back against the wall (code 1). However it is also possible to get accurate measurements with the informant seated and slightly less accurate measurements with the informant lying down.
- Q15(d) If any difficulties were encountered when measuring demi-span, ring code 1 and give full details of the difficulties. If there were no difficulties, ring code 9.

Waist-hip ratio wearing loose clothing (Qs 16 - 20)

For the correct way to measure hip and waist circumferences, please look at the protocols. It is very important that all nurses take the measurements in the same way. Otherwise it will be very difficult to understand and compare the results.

- Q16 Record the waist and hip circumferences in cms and to the nearest mm in the boxes provided on the schedule. The decimal point has been printed on the schedule for you. Note that you must measure one waist and one hip circumference before measuring - each for a second time.
- Q17 If any informants refuse to have their waist and hip circumferences measured, please probe and give full details of reasons for refusal.

It is possible (though unlikely) that the informant allows you to measure his/her waist and hip circumferences once but refuses the second measurements. Explain the purpose of taking the measurements twice (see below) but if they still refuse, ask them why and give full details on the schedule.

The purpose of taking the measurements twice is to improve the accuracy by taking an average of the two The difficulty of taking accurate and readings consistent measurements of waist and hip circumferences is widely acknowledged. Methodological work has shown that there is significantly more variation on these measurements than on measurements such as height or weight. The best way of minimising the error on the waist and hip circumferences is to give careful training in the measurement procedure and then to take the measurements twice and use the average of the two readings as the best estimate of the 'true' value. You may like to mention that we did this when we piloted the survey and found that the averages had less variation and error than if we used the single readings.

- Q18 If you have not attempted to measure waist and hip circumferences please give full details of the reason(s).
- Q19 & Studies have shown that taking the measurements over Q20 light clothing does not affect the ratio significantly However if the clothing is very baggy or very tight, or the thickness of the clothing is not the same at hip level as at waist level this could affect the ratio Please give full details if you think this is the case or anything else that could have affected the measurements. Also record any difficulties you had in taking the measurements

Blood sample (Qs 21 - 26)

For the correct way to take a blood sample please look at the protocols. It is very important that all nurses take the blood sample in the same way.

- Q21 We only want informants who are 18 years or older to give a blood sample. If the informant is younger than 18, ring code 9 (DNA='Does not apply') and go to Q25.
- Q21(a) For all informants aged 18 and over, we need to check whether they have a clotting or bleeding disorder. Only a small proportion of the population suffer from such a disorder so most of you will probably find that no-one in your sample says 'yes' to this question. If you do find someone with a clotting or bleeding disorder then you should not attempt to take a blood sample. Ring code 1 and go to Q24; at Q24 ring code 3 to note that a blood sample was not taken and record details of the disorder at Q24(b).

For the vast majority of informants who do not have any clotting/bleeding disorder, ring code 2 and go to Q21(b) to ask the informant if they are willing to give a blood sample. Then please follow the signposting in the outer right column.

- Q22 The two most common reasons for refusing a blood sample are given: previous difficulties with venepuncture and dislike/fear of needles. If the informant refuses to give a blood sample for either or both of these reasons, ring the appropriate code(s). If the informant refuses to give a blood sample for any other reason, please probe and give full details of reasons for refusal.
- Q23 Taking a blood sample is an invasive procedure for which we have decided that we want a written consent. As with measuring blood pressure, we also need written consent to send the results of the blood sample analysis to the informant's GP. Please follow the instructions on the schedule (Q23a-Q23e) and the signposts in the outer right column.
- Q23(a) When you measured the informant's blood pressure, you would have been told whether the informant is registered with a GP. Please follow the signposting in the outer right column.
- Q24 It might not be possible to take a blood sample from all those who have given consent, e.g. no suitable vein. Please record this at Q24 and give full details at Q24(b).
- **Q24(a)** We would like to know if any difficulties occurred while taking the blood sample. If an informant suffers from any after effects, we must be able to inform the GP of the circumstances. Please give full

details of any difficulties

Q25 Do not forget to fill in the time box when you have finished the schedule. This will help you to calculate the total time taken for the schedule (see front page of the schedule).

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Q26 Thank the informant for their co-operation. You may like to remind them of the purpose leaflets they have been given earlier, if they have any queries or worries after you have left, they should telephone or write to the telephone number/address on the leaflets

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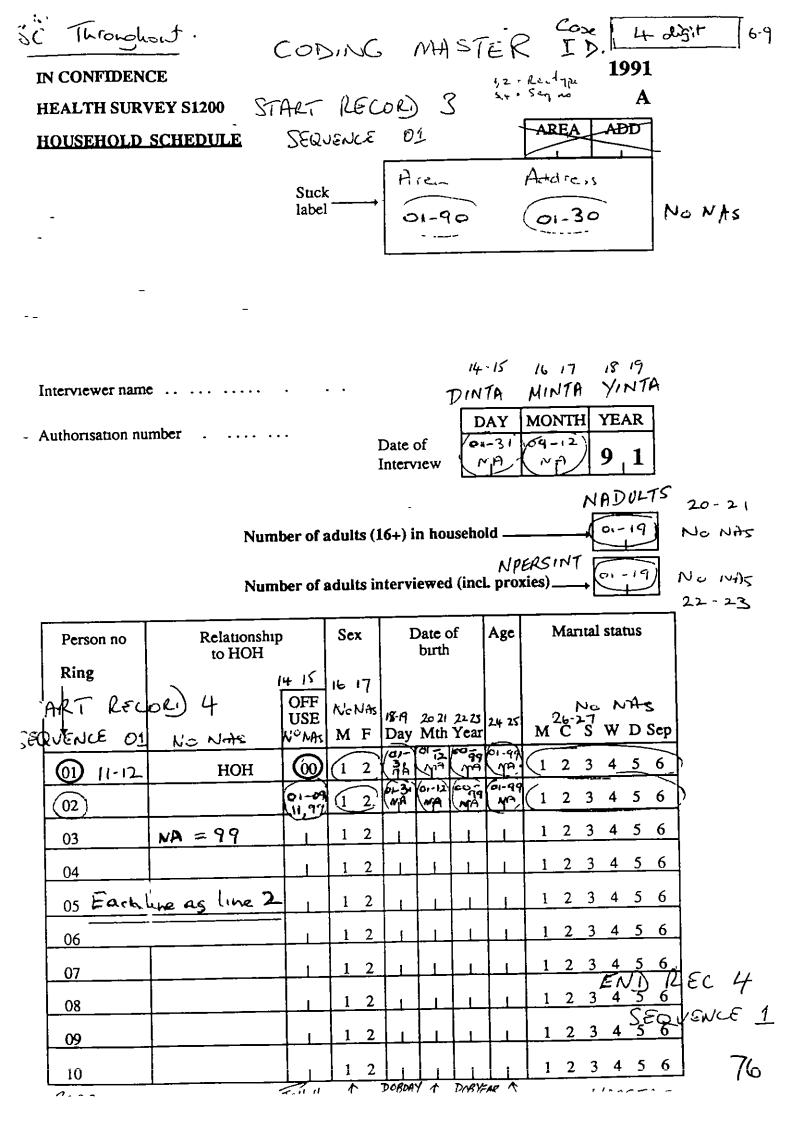
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SN'3067

# HEALTH SURVEY FOR ENGLAND:1991

# **MASTER SCHEDULES**

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## HOUSEHOLD DETAILS

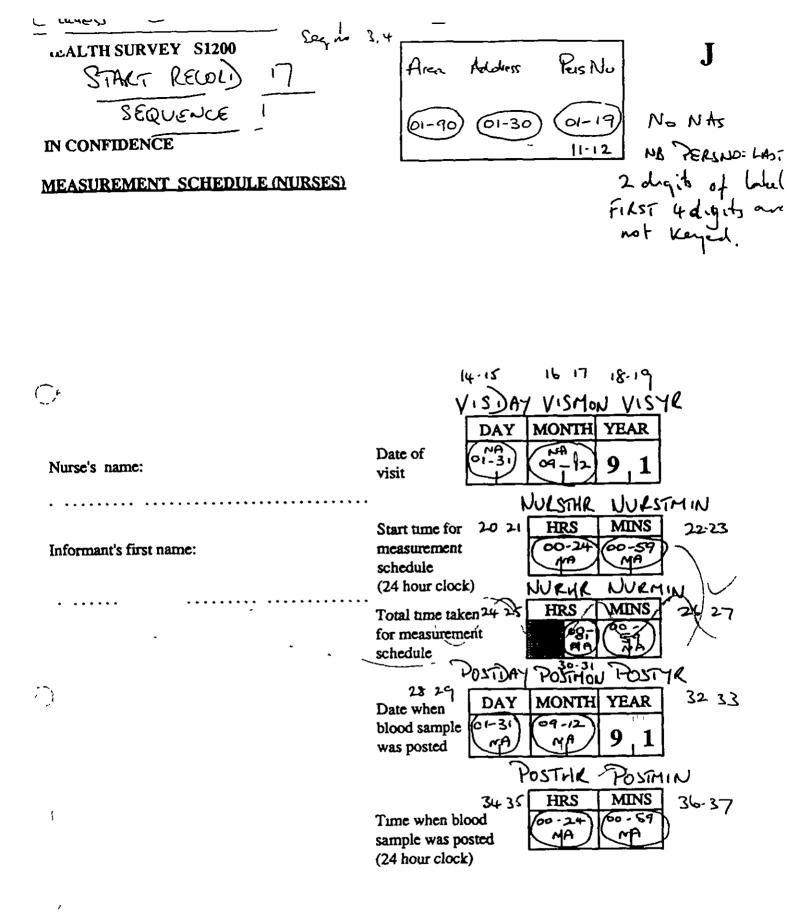
| 1. Does your household own or rent this accommodation?                                                                                                    | $\sim$                                              |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------|
| OWNORENT<br>Owns - with mortgage loan                                                                                                                     | 1                                                   |         |
| - outright                                                                                                                                                |                                                     |         |
| Rents - local authority/new town                                                                                                                          | NA                                                  | 24 . 25 |
| - housing association                                                                                                                                     |                                                     |         |
| - privately unfurnished                                                                                                                                   |                                                     |         |
| - privately furnished                                                                                                                                     |                                                     |         |
| - from employer                                                                                                                                           |                                                     |         |
| - other with payment                                                                                                                                      |                                                     |         |
| Rent free                                                                                                                                                 | 9                                                   |         |
| <ul> <li>How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?</li> <li>BED ROOMS</li> <li>1 - 8 Enter No</li> </ul> | NA<br>1-8                                           | 26-27   |
| 9 or more                                                                                                                                                 | . 9 /                                               |         |
| 3. Does your household have any form of central heating, including electric storage heaters, in your (part of the) accommodation?                         |                                                     |         |
| Central heating = 2 or more rooms<br>kitchens, halls, landings, bath/wc<br>heated from one central source       Yes         No                            | $\begin{pmatrix} 1\\ \mathbf{NA}\\ 2 \end{pmatrix}$ | 28-29   |
| · · ·                                                                                                                                                     |                                                     |         |
| -                                                                                                                                                         |                                                     |         |
|                                                                                                                                                           |                                                     |         |
|                                                                                                                                                           |                                                     |         |
|                                                                                                                                                           |                                                     |         |
|                                                                                                                                                           |                                                     |         |

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|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>4.</b><br>- | Does your household have a telephone<br>in your (part of the) accommodation?<br>Shared telephones located in public<br>hallways to be included only if this<br>household is responsible for paying<br>account. | PLONE<br>Yes<br>No                                                      | -<br>30 31                                                                 |
| 5.             | Is there a car or van normally available<br>for use by you or any members of your<br>household?                                                                                                                | Yes CAR<br>Yes                                                          | $\begin{array}{c c} 1 & -(a) & 32-33 \\ \hline 2 & 2 & - & 26 \end{array}$ |
| -              | INCLUDE: Any provided by employ-<br>if normally available for private use<br>by informant or members of the hous                                                                                               |                                                                         |                                                                            |
|                | (a) Is there one or more than one?                                                                                                                                                                             | NUMCARS           1         .           2         .           3 or more | $\begin{bmatrix} 1\\ \mathbf{NA}\\ 2\\ 3 \end{bmatrix} = Q6$               |
| 6.             | Are you or anyone else in your househo<br>any of the following state benefits?                                                                                                                                 | old receiving                                                           | YES NO                                                                     |
|                | prompt                                                                                                                                                                                                         | Income supportINCSUPFamily creditFAMCREDHousing benefitHOUSEBEN         | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$                      |

ENJ LECOL) 3 SEQUENCE 1



|            |                                                                                                                                                                           | •                                                     |           |                                       |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|---------------------------------------|
|            |                                                                                                                                                                           |                                                       |           |                                       |
|            | Nurse check:                                                                                                                                                              | ,                                                     |           |                                       |
| •          | Check whether any of the household m<br>smoked or drunk any alcohol in the pro<br>Rearrange order of informants as neces<br><u>Do not</u> alter order of measurements for | evious 30 minutes.<br>ssary.                          |           |                                       |
|            | Are you currently feeling unwell because illness or injury?                                                                                                               | of any TLLNOW<br>Yes<br>No                            |           | ुरु - ९२<br>– GO TO (a)<br>– GO TO Q3 |
| •          | (a) What is the matter with you?                                                                                                                                          |                                                       |           |                                       |
| -          | Probe and<br>record                                                                                                                                                       | AILSVM1-6                                             | mc        | $40.51$ $M_{04} mc$ $= 6$             |
|            |                                                                                                                                                                           | A()<br>40                                             |           |                                       |
| 3.         | Women only gange the 5                                                                                                                                                    | DNAMANJ<br>DNA, man                                   | . 9       | 52 - 5 <u>3</u><br>GO TO Q4           |
|            | Can I just check, are you pregnant now?                                                                                                                                   | PREGNOWJ<br>Yes<br>No                                 |           | 54 - 55<br>- GO TO Q4                 |
| <b>i</b> . | Are you currently taking or using any me<br>injections prescribed for you by a doctor?                                                                                    | dicines, pills, ointments or<br>MEDCINEJ<br>Yes<br>No | 1<br>2 NA | 56-57<br>- GotoQ5<br>- GotoQ7         |
|            | END SEQUENCE<br>RECORD                                                                                                                                                    | 1                                                     |           |                                       |
|            | RECORD                                                                                                                                                                    | 17                                                    |           |                                       |
| ¢          | 81                                                                                                                                                                        | -                                                     |           |                                       |

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1st continuation sheet K

## Q5. USE OF MEDICINES - SUPPLEMENTARY SHEET

| PRESCRIBED MEDICINE 7                  | PRESCRIBED MEDICINE 8                 |        |
|----------------------------------------|---------------------------------------|--------|
| FULL NAME.                             | FULL NAME                             |        |
| BRAND<br>STRENGTH 26-2-7               |                                       |        |
| DOSE MED7                              | DOSE MED 8                            |        |
| PRESCRIBED MEDICINE 9                  | PRESCRIBED MEDICINE 10                | No NA. |
| FULL NAME                              | FULL NAME                             |        |
| BRAND<br>STRENGTH<br>DOSE MED9         | BRAND<br>STRENGTH 32-33<br>DOSE MED10 |        |
| PRESCRIBED MEDICINE 11                 | PRESCRIBED MEDICINE 12                |        |
| FULL NAME                              | FULL NAME                             |        |
| BRAND<br>STRENGTH. 34 35<br>DOSE MED11 | BRAND<br>STRENGTH. 3637<br>DOSE MED12 |        |
| PRESCRIBED MEDICINE 13                 | PRESCRIBED MEDICINE 14                |        |
| FULL NAME                              | FULL NAME                             |        |
| BRAND<br>STRENGTH 38 39<br>DOSE MED13  | BRAND<br>STRENGTH<br>DOSE MED14       |        |

2nd Continution Sheet. K

## Q5. USE OF MEDICINES - SUPPLEMENTARY SHEET

| PRESCRIBED MEDICINE 7                                 | PRESCRIBED MEDICINE 8                    |       |
|-------------------------------------------------------|------------------------------------------|-------|
| FULL NAME:                                            | FULL NAME:                               |       |
| BRAND:<br>STRENGTH: $42-43$<br>DOSE: $M \in D(S   1)$ | BRAND:<br>STRENGTH: 44.45<br>DOSE: MEDic |       |
| PRESCRIBED MEDICINE 9                                 | PRESCRIBED MEDICINE 10                   | No NA |
| FULL NAME:                                            | FULL NAME:                               |       |
| BRAND:<br>STRENGTH: 46.4<br>DOSE: MEDI7               | BRAND:<br>L STRENGTH:<br>DOSE:<br>MED18  |       |
| PRESCRIBED MEDICINE 11                                | PRESCRIBED MEDICINE 12                   |       |
| FULL NAME:                                            | FULL NAME:                               |       |
| BRAND:<br>STRENGTH:<br>DOSE:                          | BRAND:<br>STRENGTH:<br>DOSE:             |       |
| PRESCRIBED MEDICINE 13                                | PRESCRIBED MEDICINE 14                   |       |
| FULL NAME:                                            | FULL NAME:                               |       |
| BRAND:<br>STRENGTH:                                   | BRAND:<br>STRENGTH:                      |       |
| DOSE:                                                 | DOSE:                                    |       |

RECOL) 17

Continuation Sheet 'K' as this page.

For each prescribed medicine ask question 5

5. What is it? Has it a brand name?

Ask if you can see the containers for all prescribed medicines currently being taken.

Record the full names of each prescribed medicine in in the grid below.

### PLEASE WRITE IN BLOCK CAPITALS

|          | PRESCRIBED MEDICINE 1           | PRESCRIBED MEDICINE 2 |                             |                |       |
|----------|---------------------------------|-----------------------|-----------------------------|----------------|-------|
| -        | FULL NAME                       |                       | FULL NAME                   |                |       |
| الے<br>ا | BRAND<br>STRENGTH<br>DOSE MED 1 | 4-15                  | BRAND<br>STRENGTH.<br>DOSE. | 16.17<br>MED 2 | NONAS |
|          | PRESCRIBED MEDICINE 3           |                       | PRESCRIE                    | BED MEDICINE 4 |       |
|          | FULL NAME:                      |                       | FULL NAME.                  |                |       |
|          | BRAND<br>STRENGTH.<br>DOSE MED3 | 18-19                 | BRAND<br>STRENGTH<br>DOSE.  | 20 21<br>MED4  |       |
| ŕ        | PRESCRIBED MEDICINE 5           |                       | PRESCRIE                    | BED MEDICINE 6 |       |
| 1        | FULL NAME                       |                       | FULL NAME                   |                |       |
|          | BRAND<br>STRENGTH               | 22 23                 | BRAND<br>STRENGTH           | 24 - 25        |       |
|          | DOSE MEDS                       |                       | DOSE                        | MED 6          | ]     |

### USE SUPPLEMENTARY SHEET IF NECESSARY

All box 1 boxes ດວ

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Moy Nº Boxes = 18.

|    |                                                                                                                                                                                            |                                        | ·····                                 |                     |                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|---------------------|---------------------------------|
| j. | To women aged 55 or under                                                                                                                                                                  | DNAS5                                  |                                       | 50-51               |                                 |
|    | DNA, men and w                                                                                                                                                                             | omen over 55                           | 9                                     | - GO TO Q7          |                                 |
|    | May I just check, have you included the<br>contraceptive pill if you are currently<br>using it?                                                                                            | Yes<br>No                              | 1<br>$M^{A}_{2}$                      | 52-53<br>- GO TO Q7 |                                 |
|    | MAKE SURE CONTRACEPTIVE<br>HAS BEEN INCLUDED IN THE<br>IF IT IS CURRENTLY BEING US                                                                                                         | GRID                                   |                                       |                     |                                 |
| •  | ASK ALL                                                                                                                                                                                    | ······································ | · · · · · · · · · · · · · · · · · · · |                     |                                 |
|    | At present, are you taking any vitamin or mine<br>supplements or anything else to supplement yo<br>diet or improve your health other than those                                            | eral VITAMIN                           | $\bigcirc$                            | 54-55               |                                 |
|    | prescribed by your doctor?                                                                                                                                                                 | Yes                                    |                                       | – GO TO Q8          |                                 |
|    |                                                                                                                                                                                            | No                                     | 2MA                                   | - GO TO Q10         |                                 |
| ∕∙ | Ask if you can see the containers for all vita<br>supplements being taken. Check if any cont<br>Iron may appear as ferrous salts eg ferrous<br>ferrous fumarate or ferrous gluconate, etc. | ain iron.<br>sulphate,                 |                                       | 56-57               |                                 |
|    | Ring code if any of the supplements contain                                                                                                                                                | iron.                                  | $\bigcirc$                            |                     |                                 |
|    | Supplement(s) cont                                                                                                                                                                         | ains iron                              | 1                                     | – GO TO Q9          |                                 |
|    | Supplement(s) cont                                                                                                                                                                         | ains <u>no</u> iron                    | 2                                     | – GO TO Q10         |                                 |
|    | Unclear whether su                                                                                                                                                                         | pplement(s) contains iron              | 3 NA)                                 | — GO ТО Q9          | $\left( \left[ \right] \right)$ |
|    |                                                                                                                                                                                            |                                        |                                       |                     |                                 |
|    | END SEQUENCE<br>RELOND 17                                                                                                                                                                  | 2                                      |                                       |                     |                                 |
|    | The alter                                                                                                                                                                                  |                                        |                                       |                     |                                 |
|    | KELUNY 11                                                                                                                                                                                  | L                                      |                                       | 1                   |                                 |
|    |                                                                                                                                                                                            |                                        |                                       |                     |                                 |

For each supplement taken, record full description, including brand name, strength, dose, how often usually taken and iron content of each dose

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| (d) (1)          | Description and brand name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (11)             | Strength                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (111)            | Dose, no of tablets, drops, 5 ml spoons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| (1V)             | How often usually taken, no of times and period; eg 3 x a day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| (v)              | Iron content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| (e) (1)          | Description and brand name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| (11)             | Strength                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (111)            | Dose, no of tablets, drops, 5 ml spoons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (1V)             | How often usually taken; no of times and period, eg 3 x a day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| (v)              | Iron content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| ( <b>f</b> ) (i) | Description and brand name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| (11)             | Strength.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <br>(111)        | Dose, no of tablets, drops, 5 ml spoons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| (1 <b>v</b> )    | How often usually taken, no. of times and period, eg 3 x a day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| (v)              | Iron content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| OFF              | $\begin{array}{c c} USE \\ Y \\ (d) \\ (e) \\ (f) \\$ |  |

| (ii) Strength<br>(iii) Dose, no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken, no. of times and period, eg 3 x a day<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(ii) Description and brand name<br>(ii) Strength:<br>(iii) Description and brand name<br>(iii) Strength:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) $\frac{1}{21-(41)} + \frac{1}{(21-(41))} + \frac{1}{(2$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | each supplement containing iron record full description, including brand name,<br>e, how often usually taken and iron content of each dose.<br>(1) Description and brand name | <b>U</b> <i>i</i> |          |
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| (ii) Strength:<br>(iii) Dose, no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken, no. of times and period, eg 3 x a day<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(ii) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 5 ml spoons:<br>(u) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 1 ml spoons:<br>(u) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 2 ml spoons:<br>(u) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 2 ml spoons:<br>(u) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 2 ml spoons:<br>(u) Dose; no of tablets, d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (a)   |                                                                                                                                                                               |                   |          |
| (iv) How often usually taken, no. of times and period, eg $3 \times a$ day<br>(v) Iron content<br>(i) Strength:<br>(ii) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, $5 \text{ ml spoons}$ :<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(v) Iron content<br>(u) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(v) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(v) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(iv) How often usually taken; no. of times and period; eg $3 \times a$ day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, $5 \text{ ml spoons}$ :<br>(i) $1 \text{ true drops}$ $1  true drops$                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                               |                   |          |
| (v) Iron content<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | (in) Dose, no. of tablets, drops, 5 ml spoons:                                                                                                                                |                   |          |
| (v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 5 ml spoons:<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) Dose; no of tablets, drops, 5 ml spoons:<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(u) $Content$<br>(u) $Conte$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -     | (iv) How often usually taken, no. of times and period, eg 3 x a day                                                                                                           |                   |          |
| (b) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and period; eg 3 x a day<br>(v) Iron content Count incomes and peri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                               |                   |          |
| (ii) Strength:<br>(iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(v) Iron content<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>Continuation Shaet L as this page<br>(i) $2i_1 = q_1 + i_2 + (2i_1 + q_1) + $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | ······                                                                                                                                                                        | <u> </u>          |          |
| (iii) Dose; no. of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Count incustion Sheet 'L' as this page -<br>OFF USE (i) $e_{1-q=1}^{(i)} e_{i+1} e_{2-q=1}^{(i)} $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (D)   |                                                                                                                                                                               |                   |          |
| (iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Continuation Sheet 'L' as this page -<br>(v) Iron content Content Continuation Sheet 'L' as this page -<br>(v) Iron content Content Continuation Sheet 'L' as this page -<br>(v) Iron content Cont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | (ii) Strength:                                                                                                                                                                |                   |          |
| (v) Iron content<br>(c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Continuation Sheet 'L' as this page -<br>OFF USE (i) (ii) (iii) (iii) (iv) (v) (v)<br>ONLY (a) $21-49$ 14 is $24-27$ 15 $16-17$ $26-21$ $9-79$ $22-1$ $NA = 9$<br>(b) $24+15$ 26 $27$ 16 $-75$ $26-21$ $9-79$ $22-1$ $NA = 9$<br>(b) $24+15$ 26 $27$ 16 $-75$ $26-21$ $9-79$ $22-1$ $NA = 9$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                               |                   |          |
| (c) (i) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Continuation Shaet 'L' as this page -<br>OFF USE (i) (ii) (iii) (iv) (v) (v)<br>(a) $2i_1-qq_1r_4$ is $(a_1^2+q_2^2)$ (iii) (iv) (v) (v) (v) (v)<br>(a) $2i_1-qq_1r_4$ is $(a_1^2+q_2^2)$ (iv) $(a_1^2+q_2^2)$ (iv) $(a_1^2+q_2^2)$ (iv) $(a_2^2+q_2^2)$ (iv) $(a_2^2+q_2^2)$ (iv) $(a_1^2+q_2^2)$ (iv) $(a_2^2+q_2^2)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | (iv) How often usually taken; no. of times and period; eg 3 x a day                                                                                                           |                   |          |
| (c) (1) Description and brand name<br>(ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content Continuation Sheet 'L' as Hu's Page -<br>OFF USE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | (v) Iron content                                                                                                                                                              |                   |          |
| (ii) Strength:<br>(iii) Dose; no of tablets, drops, 5 ml spoons:<br>(iv) How often usually taken; no. of times and period; eg 3 x a day<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) Iron content <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>this page</u> .<br>(v) <u>Iron content</u> <u>Continuation Sheet</u> <u>L</u> as <u>Iron Sheet</u> <u>Iron S</u> |       |                                                                                                                                                                               |                   |          |
| (11) Dose; no of tablets, drops, 5 ml spoons:<br>(11) How often usually taken; no. of times and period; eg 3 x a day<br>(11) How often usually taken; no. of times and period; eg 3 x a day<br>(11) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(12) How often usually taken; no. of times and period; eg 3 x a day<br>(13) How often usually taken; no. of times and period; eg 3 x a da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (c)   | (1) Description and brand name                                                                                                                                                |                   |          |
| (1v) How often usually taken; no. of times and period; eg $3 \times a  day$<br>(v) Iron content <u>Continuation Sheet</u> ' <u>L</u> ' <u>as this page</u><br>OFF USE (1) (11) (11) (11) (11) (11) (12) (12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | (ii) Strength:                                                                                                                                                                |                   |          |
| (v) Iron content <u>Continuation Shaet</u> <u>L</u> as this page -<br>OFF USE (1) (11) (11) (11) (11) (11) (11) (11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | (11) Dose; no of tablets, drops, 5 ml spoons:                                                                                                                                 |                   |          |
| $\begin{array}{c} OFF USE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | (1v) How often usually taken; no. of times and period; eg 3 x a day                                                                                                           |                   |          |
| ONLY<br>(a) $01-qq$ 14 15 $01-qq$ 14 17 $01-qq$ 18-19 $01-qq$ 20-21 $01-qq$ 22-<br>(b) $24-15$ $26-27$ $25-27$ $30-31$ $30-31$ $12-33$ coch (<br>1st li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | (v) Iron content <u>Continuation</u> Sheet 'L' as this po                                                                                                                     | age -             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                               | NA = 9(           | 3        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | .<br> | (b) 24-25 26 27 28-27 30 51 32-                                                                                                                                               |                   | <u>م</u> |
| (c) <sup>34</sup> 35 <sup>36</sup> 37 <sup>38</sup> 37 <sup>40-41</sup> <sup>42</sup> 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | (c) [34 35 ]34 37 ]38 37 40-41 40-41 40-41 40-41                                                                                                                              |                   | 9        |

|     | START SEQUENCE 4                                                                                                                                                       | LECOR) 17                                   | <b></b>           | <b>-</b>             |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|----------------------|
|     | <b>BLOOD PRESSURE AND HEART RAT</b>                                                                                                                                    | TE READINGS                                 |                   |                      |
| 0.  | To all except pregnant women                                                                                                                                           | DNAPRES<br>DNA, pregnant                    | 🧿                 | 14~15<br>- GO TO Q15 |
|     | <b>Preamble:</b> We would like to measure the b<br>of everyone taking part in the survey. The a<br>blood pressure readings will tell us a lot ab<br>of the population. | analysis of all                             |                   |                      |
|     | May I just check, have you eaten, smoked<br>or drunk alcohol in the past 30 minutes?                                                                                   | CONSUM <u>1</u> -3<br>Eaten                 |                   | 16-21<br>MAX MC      |
|     | Code all<br>that apply                                                                                                                                                 | Smoked                                      | AMA<br>2          | = 3<br>GO TO Q11     |
|     |                                                                                                                                                                        | No                                          | 3                 | $\Box$               |
| 11. | Take three measurements from right arr                                                                                                                                 | n<br>MAP.(mmHg)                             | SVSTOI IC         | (                    |
|     | and record readings below:<br>FIRSTMAP<br>First reading:                                                                                                               | (026-250) 22.24 (                           | 545 - 25          | FIRSTSYS<br>25-27    |
|     | FIRSTPUL                                                                                                                                                               | PULSE (bpm)<br>010 - 220<br>28-30           | DIA <u>STOLIC</u> |                      |
|     | Second reading.<br>SECMAP                                                                                                                                              |                                             | SYSTOLIC          | Zh (FUNV)            |
|     | IF first reading entered<br>(then 2nd and lar 3rd SECful<br>may be blank) - then Q12=2.                                                                                |                                             | DIASTOLIC         | (mmHg)               |
|     | If all readings blank men<br>Q12=1<br>Third reading: TMIRMAP                                                                                                           | MAP (mmHg)                                  | SYSTOLIC          | 5 THIRDSYS           |
|     | THINDPUL                                                                                                                                                               | PULSE (bpm)<br>(0,0,-2,2,0)<br>MA<br>52-54. | MA                | 55-57                |
| 2.  | Ring code: Blood pressure measu                                                                                                                                        | irement REFUSED                             |                   | s<br>- GO TO (a)     |
|     | Blood pressure measu                                                                                                                                                   | rement <u>NOT</u> REFUSED                   | 2                 | - GO TO Q13          |
|     | (a) Give reason for refusal. Then go to (<br>measurements)                                                                                                             |                                             |                   | 58-59                |
|     |                                                                                                                                                                        | BPREF                                       |                   |                      |
|     | 87 END SEQUENCE<br>RECORD 17                                                                                                                                           | 4 6                                         |                   |                      |

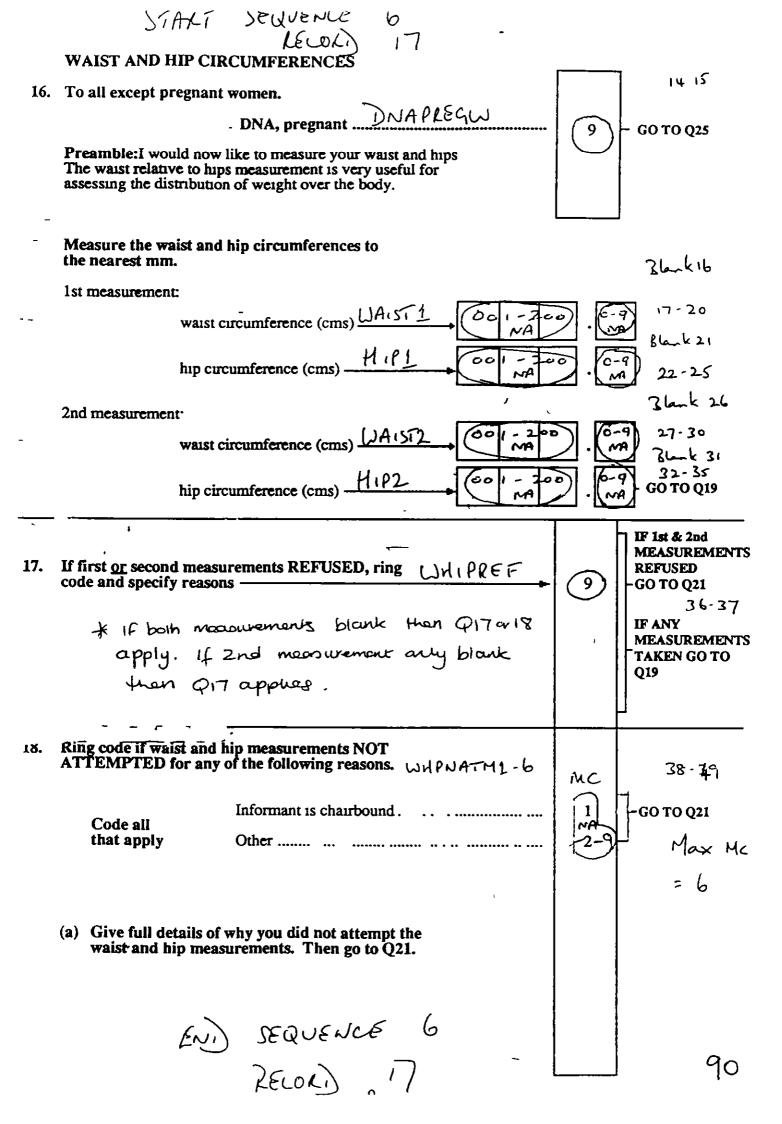
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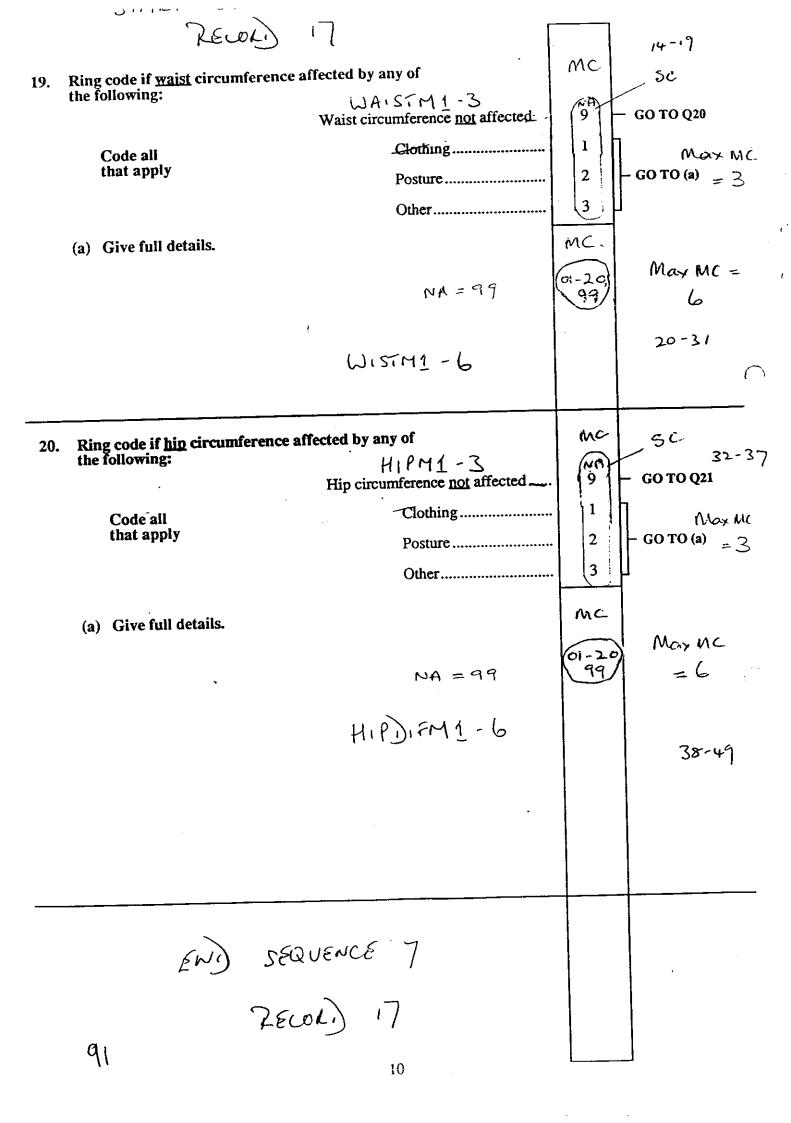
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| J.                | Rec | ord any difficulties<br>Code all<br>that apply | s in taking readings Real<br>No difficultiesR<br>Informant was upset/and<br>Erratic pulse (error 844)<br>Excessive movement (er<br>Other (Give full details | xious/nervous                      | MC<br>9<br>1<br>NA<br>2<br>3<br>4,8<br>10-29 | Max MC<br>= 6<br>Check puise                |
|-------------------|-----|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------|
| - <u>-</u><br>14. |     | nplete blood pressu<br>Are you registered      | are consent form (BP2)<br>with a GP?                                                                                                                        | ς ρ <i>κ</i> ες<br>Y <del>cs</del> |                                              | 26-27<br>- Goto(b)                          |
| ٩                 | (b) | May we send your<br>to your GP?                | blood pressure readings                                                                                                                                     | No<br>G PSENI)<br>Yes<br>No .      | 2 NT                                         | - GOTO(1)<br>2829<br>- GOTO(d)<br>- GOTO(c) |
|                   | (c) | Specify reasons for<br>Code all<br>that apply  | refusals:<br>Hardly/Never sees GP<br>GP knows of informant'<br>Does not want to bother<br>Other (Give full detail                                           | s BP level<br>GP                   | MC<br>1<br>NA<br>2<br>3<br>4-<br>20          | 30-35<br>Ман мс<br>- GO TO (П               |
|                   | (d) | blood pressure co<br>Obtain informant          | address of GP on the<br>nsent form (BP2).<br>'s signature on blood pres                                                                                     |                                    | NO 14                                        | - GO TO (е)                                 |
|                   | (e) | form (BP2). Send                               | ssure readings on the bloc<br>back copy (pink) and let<br>py (white) to HQ                                                                                  | ter (BP1) to                       | NONI                                         | 75<br>38-39<br>- GO TO Q15                  |
|                   | (f) | form (BP2). Give                               | ssure readings on the bloc<br>the back copy (pink) to in<br>to HQ7                                                                                          | nformant. Send the                 | NoN f                                        | τς 'γο- 41<br>- GO TO Q15                   |
|                   |     |                                                |                                                                                                                                                             |                                    |                                              | Δ.                                          |

**DEMI-SPAN** 15. Preamble: I would now like to measure the length of your arm. Like height it is an indicator of size. Slank 42 Measure demi-span to the nearest mm SPAN 1 - 200 1st measurement (cms). 43-46 001 (0-9) Ma 36-k 47 SPAN2 100 001 2nd measurement (cms)-GO TO (c) (0-4 M) MA 48 - 51 (a) If first or second demi-span measurement REFUSED, SPANLEF ring code and explain reasons -9 **GO TO 016** 52.53 \* If both measurements blank then (a) or (b) applies. If 2nd measurement any blank 6 then of applies 54-55 If demi-span measurement NOT ATTEMPTED, **(b)** ring code and explain reasons. 9 **GO TO Q16** SPANNAT (c) Demi-span was measured with the informant 1 56-57 not against the wall ..... 2 MA Sitting ..... 3 ť Lying down ..... 4 58-59 (d) Record any difficulties in measuring demi-span: SPANDIFF No difficulties ..... GOTO PIL 9 NA Difficulties (Give full details) 1 (e) MC May NC. e NA = 91-9 = 6 D SPNDIFM1-6 60.71 END SEQUENCE 5 89 7 17 8

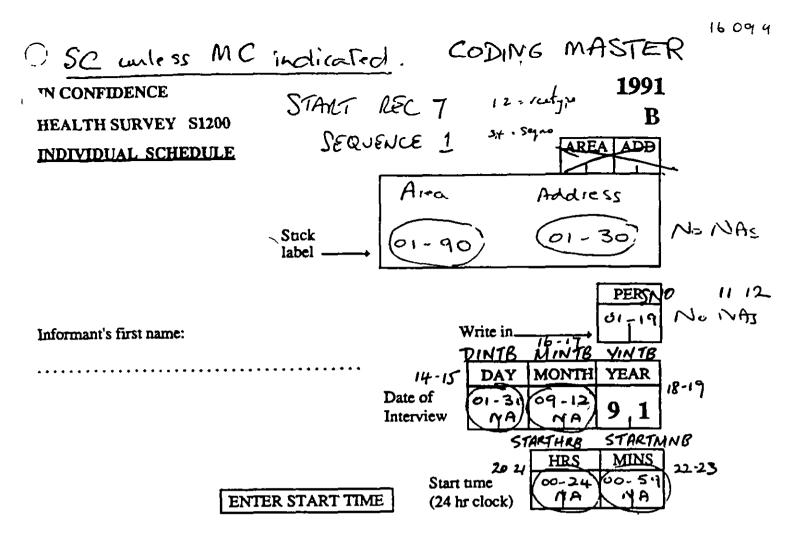




|            | STA                                                                         | LT SEQUENCE 8.                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLC<br>21. | OD SAMPLE<br>To those aged 18 and ov<br>Explain purpose and pr              | DNA, aged 16/17                                                                                                                                                        | 9 - GO TO Q25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -          | <ul><li>(a) May I just check, do bleeding disorder?</li></ul>               |                                                                                                                                                                        | INA- TAKE BLOOD<br>GO TO Q24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|            | (b) Would you be willin                                                     | No<br>g to have a blood sample taken?<br>-<br>Yes                                                                                                                      | . 1AA - GO TO Q23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            | Ring code if blood samp<br>reasons.<br>Code all<br>that apply               | le REFUSED for any of the following<br>BSREFM1 -<br>Previous difficulties with venepuncture<br>Dislike/Fear of needles<br>Other (Give full details and then go to Q25) | 1<br>2 - GO TO Q25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 23.        | Complete blood sample c<br>(a) Ring code:                                   | onsent form (BS2)<br>Q14(a) coded 1 (Registered with GP)<br>Q14(a) coded 2 (No GP)                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|            | (b) May I just check, ma<br>sample analysis to y                            | y we send your results of the blood                                                                                                                                    | 34-35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | (c) May I just check, wi<br>sample results sent t<br>Code all<br>that apply | Hardly/Never sees GP SENDSAT1<br>GP has recently taken blood sample<br>Does not want to bother GP<br>Other (Give full details)                                         | $ \begin{array}{c c}  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\  & & \\$ |
|            |                                                                             |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

-

|            |                                            |                                                                                                                             |                             | 1                                  |
|------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|
| <b>(d)</b> | Record name and                            | $\mu Q G \beta A \gamma$                                                                                                    | NoNAS                       | 42-43                              |
| (          | Obtain signature                           | 52). Check if the form is filled in properly.<br>s on the form. Send blood sample<br>52) to HQ                              |                             | - GO TO Q24                        |
|            | <b>Obtain signature</b>                    | form (BS2) is filled in properly.<br>s on the form. Send the blood sample<br>52) to HQ<br>HQ SA-1                           |                             | 44 -45<br>— GO TO Q24              |
|            |                                            |                                                                                                                             |                             |                                    |
|            | d sample outcom<br>g codē:                 | Blood sample taken with tourniquet<br>Blood sample taken with tourniquet                                                    |                             | 46 - 47<br>- GO TO (a)             |
|            |                                            | No blood sample taken                                                                                                       |                             | — GO TO (b) 🦵                      |
| (a)        | Record any diffic                          | culties in taking blood sample:<br>No difficulties<br>Difficulties (Give full details) SAMDI Fr                             | MC<br>9<br>1.3<br>2-8       | SC<br>= GO TO Q25<br>Max MC =<br>3 |
| (b)        | Ring code if sam<br>Code all<br>that apply | ple not taken for any of the following reasons:<br>No suitable veinNOSAMPM <u>1</u> -6<br>Informant was too anxious/nervous | 1<br>MA                     | 48-53<br>May NIC                   |
| ·          |                                            | Other (Give full details)                                                                                                   |                             | =6<br>54-65                        |
|            | TER FINISH TIM                             | N<br>AF                                                                                                                     | 3-9<br>JENDHR               | SU-65<br>NENDMIN                   |
| (24 h      | nour clock)                                | 1E                                                                                                                          | 1EN)HR<br>HRS M<br>NA       | SU-65<br>NENDMIN                   |
| (24 h      | nour clock)                                | 1E                                                                                                                          | 1EN)HR<br>HRS M<br>NA<br>NA | 54-65<br>NENJMIN<br>IINS           |



INTERVIEWER CODE

TO BE COMPLETED AT END OF INTERVIEW

| FORMAT OF INTERVIEW         |            | 24-25  |
|-----------------------------|------------|--------|
| FORMINT<br>Single interview | $\bigcirc$ |        |
| Single interview            |            |        |
| Joint interview: 2 people   | 2          | No NAT |
| 3 or more people            | 3          |        |
|                             | ~          | ]      |

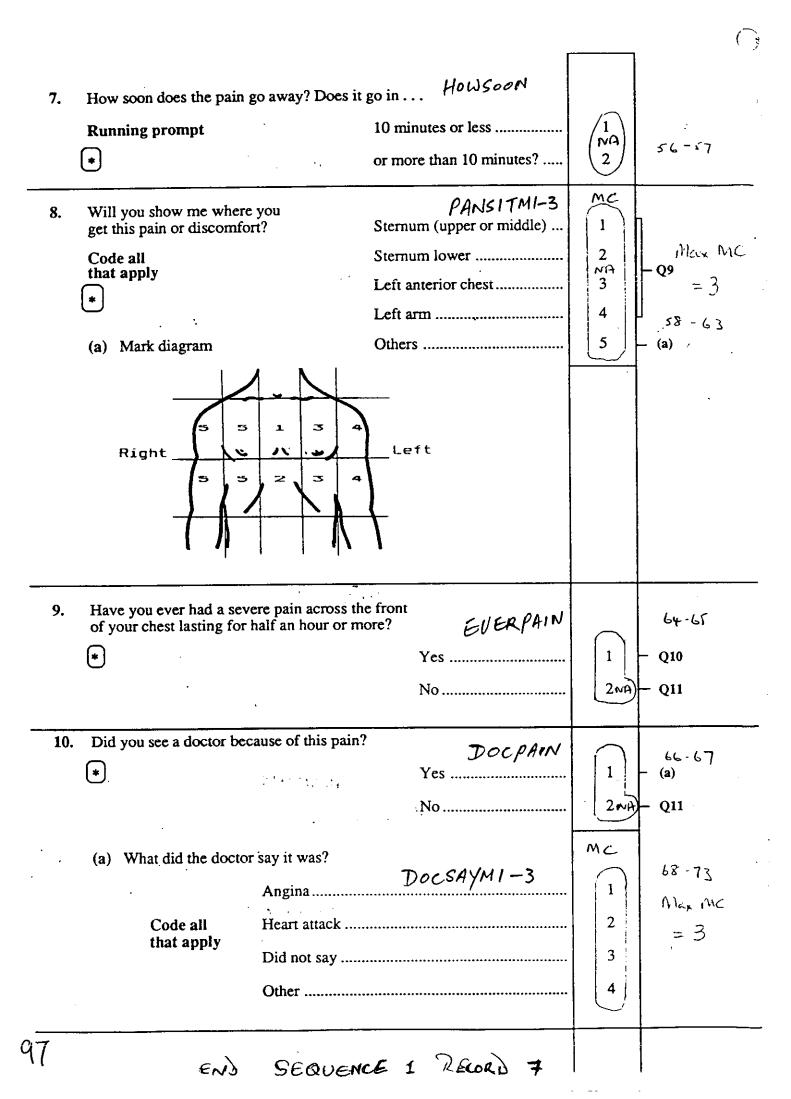
| GE | ENERAL HEALTH                                                                                                                                          |                                                        |                  |                                       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|---------------------------------------|
| 1. | How is your health in general? Wo                                                                                                                      | uld you say it was GENITELF                            |                  |                                       |
| *• | now is you would in goward. We                                                                                                                         | very good                                              | $\left  \right $ | 11.27                                 |
|    |                                                                                                                                                        |                                                        |                  | 26-27                                 |
|    | •                                                                                                                                                      | good                                                   | 2                |                                       |
|    | Running                                                                                                                                                | fair                                                   | 3                |                                       |
|    | prompt                                                                                                                                                 | bad                                                    | 4                |                                       |
|    |                                                                                                                                                        | or very bad?                                           | 5                |                                       |
| 2. | Do you have any long-standing illn<br>By long-standing I mean anything t                                                                               | that has troubled you over                             |                  |                                       |
|    | a period of time or that is likely to a time?                                                                                                          | LONGILL                                                |                  | 28-29                                 |
|    | ees y see ees                                                                                                                                          | Yes                                                    |                  | - Q3                                  |
|    | <b>•</b>                                                                                                                                               |                                                        | 2NA              |                                       |
|    | Ů                                                                                                                                                      | No                                                     |                  | - Q4                                  |
| 3. | What is the matter with you?                                                                                                                           |                                                        |                  | · · · · · · · · · · · · · · · · · · · |
|    | •                                                                                                                                                      |                                                        |                  |                                       |
|    | 0                                                                                                                                                      |                                                        | MC               |                                       |
|    |                                                                                                                                                        |                                                        |                  |                                       |
|    |                                                                                                                                                        |                                                        | E1-40            | Max MC                                |
|    |                                                                                                                                                        |                                                        |                  | Max MC<br>= 6                         |
|    |                                                                                                                                                        | ILL SMI-6                                              | SC               | = 6                                   |
| •  |                                                                                                                                                        |                                                        | 41-42            |                                       |
|    |                                                                                                                                                        | NA = 99                                                | 99/              |                                       |
|    |                                                                                                                                                        |                                                        |                  |                                       |
|    |                                                                                                                                                        |                                                        |                  | 30-141                                |
|    |                                                                                                                                                        | · · · ·                                                |                  |                                       |
|    |                                                                                                                                                        |                                                        |                  |                                       |
|    |                                                                                                                                                        |                                                        |                  | •                                     |
| 4. | Now I'd like you to think about the<br>During those 2 weeks did you have<br>things you usually do (about the ho<br>free time) because of (answer at Q3 | to cut down on any of the<br>use or at work or in your |                  | 42-43<br>'                            |
|    | injury?                                                                                                                                                | LASTFORT<br>Yes                                        |                  | GO TO<br>SYMPTOMS<br>PAGE 3           |
|    |                                                                                                                                                        | No                                                     | 1 2 1            | L INGES                               |

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|                |                                                |                                                                                          | r                 | •                    |         |
|----------------|------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|----------------------|---------|
|                | SYMPTOMS                                       | •                                                                                        |                   |                      |         |
|                | Chest pain                                     | -                                                                                        |                   |                      |         |
| <b>1.</b><br>- | Have you ever had                              | any pain or discomfort in your chest?<br>CHESPAIN<br>Yes<br>No                           |                   | - Q2<br>- Q11        | 44-45   |
| 2.             | Do you get it when                             | you walk uphill or hurry?<br>- Yes                                                       | 1<br>2 ~A<br>3    | - Q3<br>- Q9<br>- Q3 | 46-47   |
|                | Ask or record                                  |                                                                                          |                   |                      |         |
| 3.             | Do you get it when                             | you walk at an ordinary pace on the level?<br>Yes                                        | 1<br>«A<br>2<br>3 | 4                    | 841     |
| 4.             | Interviewer code<br>Code first<br>that applies | Q2 coded 1                                                                               |                   | - Q5<br>- Q9         | 50-51   |
| 5.             | What do you do if<br>Running prompt            | you get it while you are walking? Do you<br>WALKING<br>stop<br>slow down<br>or carry on? |                   | - Q9                 | 52-53   |
| 6.             | If you stand still do                          | Des the pain go away or not? STOPWALK<br>Pain goes away<br>Pain doesn't go away          |                   | - Q7<br>- Q9         | 24 - 22 |
| _              |                                                |                                                                                          |                   |                      | 96      |

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| 7       | START SEQUENCE 2 LEC 7                                                                                                                                            |                   |                                  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|
| 11.     | Have you ever had an electrical recording of<br>your heart (ECG) performed?<br>Yes<br>No<br>(a) Where did you have 1t?                                            | 1<br>2 NA)<br>M C | 4+ -   5<br>- (a) + (b)<br>- Q12 |
|         | Hospital (inpatient)                                                                                                                                              | 1                 | 16-21                            |
| C.<br>4 | bet cyply . GP Surgery                                                                                                                                            | 2<br>NA<br>3      | ма: MC<br>= З                    |
|         | DK                                                                                                                                                                | 4 5               |                                  |
|         | (b) How long ago was this?<br>If more than one,<br>take last occasion $UHENECG$ Number of years                                                                   | NA,<br>01-99<br>1 | 22-23                            |
| 12.     | Phlegm       FLEMDAWN         Do you usually bring up any phlegm from your chest first thing in the morning in the winter?       FLEMDAWN         Yes          No | 2                 | 24-25<br>Q14<br>Q13              |
| 13.     | Do you usually bring up any phlegm from your chest FLEMILINT         during the day or night in the winter?         Yes         No                                | 2                 | - Q14 26-27<br>- Q15             |
| 14.     | Do you bring up phlegm like this on most days for as much as three months each year?       FLEMREG         *       No                                             |                   | 28-29                            |
|         |                                                                                                                                                                   |                   | ,                                |
|         |                                                                                                                                                                   |                   | 98                               |

| Breathlessness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| Ask or record<br>15. Are you troubled by shortness of breath<br>level ground or walking up a slight hill?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | 30-31                                                |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                   | 1 <b>Q16</b>                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                    | 2 Mg Q18                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Never walks uphill or hurries                         | (3) - Q16                                            |
| <ul><li>Ask or record</li><li>16. Do you get short of breath walking with own age on level ground?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WINDPEER                                              | 32-33                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                   |                                                      |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                                                    | 2                                                    |
| -<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Never walks with people of<br>own age on level ground | 3 – Q18                                              |
| <ul><li>17. Do you have to stop for breath when we own pace on level ground?</li><li>*</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | alking at your UINDPACE<br>Yes<br>No                  | 1<br>NA<br>2<br>34-35                                |
| Wheezing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                      |
| 18. Have you had attacks of wheezing or wh | histling in your<br>WINDUIZZ<br>Yes<br>No             | 36-37<br>1<br>NA<br>2                                |
| · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | <u> </u>                                             |
| <ul><li>19. Have you ever had attacks of shortness wheezing?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of breath with<br>WINDWEES<br>Yes                     | 38-39<br>1 - (a)                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                    | 21VA- Q20                                            |
| <ul> <li>(a) (Is/Was) your breathing absolutely between attacks?</li> <li>(*)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | normal<br>WINDNORM<br>Yes<br>No                       | 1<br>NA<br>2                                         |
| 20. Have you at any time in the last twelve woken at night by an attack of shortness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s of breath?                                          | 42-43                                                |
| 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                   | 1 GO TO CARDIO-<br>MA - VASCULAR<br>2 DISEASE PACE 8 |

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START

SEQUENCE 3 RECORD 7

HIGH BLOOD

PRESSURE (sometimes called

# CARDIOVASCULAR DISEASE

## **Preamble:**

You have already talked to me about your health, and now I would like to go on and talk in more detail about some particular conditions. (They may include some of the things you have already mentioned.)

|             |                                                                                                                                    | hypertension)             |
|-------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1           | CVD CONDITIONS                                                                                                                     | 14-15                     |
|             | Ask or record<br>Do you now have or have you <u>ever</u> had any of the<br>following conditions?<br>Yes<br>NoNA                    | 14-15<br>EVERBP<br>1<br>9 |
| 2.          | If all CVD CONDITIONS coded 9 at Q1, go to Q5, Page 10.                                                                            |                           |
|             | for each CVD CONDITION coded 2, 3, 4 or 5 at Q1<br>ina, heart attack, other heart trouble or stroke)                               |                           |
|             | ers, go to Q5, page 10<br>e you told by a doctor that you had(CVD CONDITION)?<br>Yes                                               |                           |
|             | No / NA                                                                                                                            |                           |
| 3.          | Approximately how old were you when you were first<br>told by a doctor that you (have/had)(CVD condition)?<br>Enter age (in years) |                           |
| · <b>4.</b> | Ask or record                                                                                                                      |                           |
|             | Have you had(CVD condition) <u>during the past twelve</u><br>months?                                                               |                           |
|             | . Yes                                                                                                                              |                           |
|             | No / <u>NA</u>                                                                                                                     |                           |
|             |                                                                                                                                    |                           |

|                   | CVD CONDITIONS                                                                 |                                                                                                                        |                                   |                                       |  |  |  |  |
|-------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------|--|--|--|--|
| ANGINA            | HEART ATTACK<br>(including myocardial<br>infarction or coronary<br>thrombosis) | OTHER HEART<br>TROUBLE<br>(including heart murmur<br>damaged heart valves or<br>rapid heart)<br>(specify at (a) below) | STROKE                            | DIABETES                              |  |  |  |  |
| 16 17<br>EVERANGI | 18-19<br>EVERHART                                                              | 20 21<br>EVEROTH                                                                                                       | 22 23<br>EVERSTRO                 | 24-25<br>EVERDI                       |  |  |  |  |
| 2<br>9            | 39                                                                             | 4 9                                                                                                                    | 59                                | . 6                                   |  |  |  |  |
|                   |                                                                                |                                                                                                                        |                                   |                                       |  |  |  |  |
| 26-27<br>DOCANGE  | 28 29<br>DocHEART                                                              | 30.31<br>DOC.OTHER                                                                                                     | 32-33<br>Docs TRO                 |                                       |  |  |  |  |
| DUCANGE           | DOCHEART                                                                       | Davomer                                                                                                                | Dusine                            |                                       |  |  |  |  |
|                   |                                                                                |                                                                                                                        | $\begin{pmatrix} 1 \end{pmatrix}$ | - Q3                                  |  |  |  |  |
| 2)                | 2                                                                              | 2                                                                                                                      | 2                                 | Q2 if more conditions<br>otherwise Q5 |  |  |  |  |
| 34 35<br>AGEANGI  | 36 37<br>AGEHEART                                                              | 38-39<br>AGEOTHER                                                                                                      | AGESTRO                           |                                       |  |  |  |  |
| NA<br>01-99       | ( NA<br>01-99 )                                                                | (NA<br>01-99)                                                                                                          | (NA<br>01-99)                     |                                       |  |  |  |  |
|                   |                                                                                |                                                                                                                        |                                   | - Q4                                  |  |  |  |  |
| 42 43             | 44.45                                                                          | 46.47                                                                                                                  | 48-49                             |                                       |  |  |  |  |
| RECANG I          | RECHEART                                                                       | RECOTHER                                                                                                               | RECSTRO                           |                                       |  |  |  |  |
|                   |                                                                                |                                                                                                                        |                                   | Q2 if more conditions<br>otherwise Q5 |  |  |  |  |

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(a) Other heart trouble:

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| 5.  | Interviewer code                                                                                                                        | INTHEART N                                                | DNAS                                                |                            |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|----------------------------|
|     | No CVD CONDITIONS (all coded 9 at (                                                                                                     | Q1 page 8)                                                | $\left(1\right)$                                    | GO TO USE OF<br>- SERVICES |
|     | High Blood pressure and/or diabetes only (code 1 and/or code 6 only at Q1, page 8)                                                      | )                                                         | 2                                                   | PAGE 15<br>                |
| -   | Angina, heart attack, other heart trouble, s<br>none of these diagnosed by doctor<br>(no condition coded 1 at Q2, page 8)               |                                                           | 3                                                   | 50 - 5 1<br>- See Q8       |
|     | Angina, heart attack, other heart trouble, s<br>at least one of these diagnosed by doctor<br>(at least one condition coded 1 at Q2 page |                                                           | 4                                                   | — (a) .                    |
| -   | (a) Are you currently taking any medicines, t<br>pills because of your (heart condition/stro                                            | ablets or<br><sup>ke)?</sup> MEDHEAR 7<br>Yes<br>No<br>DK | 1<br>NA<br>2<br>3                                   | 52-53                      |
| 6.  | To all who have ever had angina, heart attac<br>heart trouble (codes 2, 3, or 4 ringed at Q1 o<br>DNA, codes 2,3, and 4 not r           | n page 8)                                                 | (9)                                                 | - Q7                       |
|     | Have you ever undergone any surgery or operat<br>because of your heart condition?                                                       | ion                                                       | $\bigcirc$                                          |                            |
|     | Y                                                                                                                                       | S'U <i>RGERY</i><br>/es<br>/o<br>/K                       | $ \begin{bmatrix} 1 \\ 2 \\ NA \\ 3 \end{bmatrix} $ | - (2)<br>56-57<br>- (b)    |
|     | If more than one, Num take last occasion                                                                                                | WHENSURG<br>nber of years ago<br>than one year ago        | 00                                                  | 58-59<br>- Q7              |
|     |                                                                                                                                         | ion? <i>OPLIST</i><br>'es<br>Io<br>DK                     | 1<br>~4<br>2<br>3                                   | 60-61                      |
| 103 | END SEQ 3                                                                                                                               |                                                           |                                                     | ,                          |
|     |                                                                                                                                         |                                                           | 1                                                   |                            |

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| -      | START SEQUENCE 4                                                                                                                                                                 |              |                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------|
| 7      | E RECON 7                                                                                                                                                                        |              |                                  |
| )<br>0 | Are you currently receiving any other treatment or<br>advice because of your (heart condition/stroke)?<br>OTHTREAT<br>Yes                                                        |              | - (a) 14 15                      |
| _      | No                                                                                                                                                                               | 2<br>NA<br>3 | - See Q8                         |
| •      | (a) What other treatment or advice are you currently receiving because of your (heart condition/stroke)?                                                                         | 2 dug)       | Max MC<br>= 3                    |
|        | ADCVM1-3                                                                                                                                                                         |              | 16-21                            |
| <br>و  | To all who have ever had high blood pressure (code 1 ringed at Q1 on page 8) $DNABP$                                                                                             | (3)          | 22-23                            |
|        | DNA, code 1 not ringed at Q1                                                                                                                                                     | (9)          | See Q13                          |
|        | You mentioned that you have had high blood pressure<br>Were you told by a doctor or nurse that<br>you had high blood pressure?<br>Doc NURBP<br>Yes<br>No                         | 1<br>2 NA    | 24 - 25<br>- See Q9<br>- See Q13 |
| 9.     | Women only DNA, man DNAMANBP                                                                                                                                                     | ٩            | 26-27<br>- Q10                   |
|        | Can I just check, were you pregnant when you were<br>told that you had high blood pressure?<br>PREGBP<br>Yes<br>No                                                               |              | - (a) 28-29<br>Q10               |
|        | (a) Have you ever had high blood pressure <u>apart</u> from<br>when you were pregnant? NOPREG BP<br>Yes                                                                          | 1<br>2 NA    | 30-3,<br>- Q10<br>- See Q13      |
| 10.    | (Apart from when you were pregnant) approximately<br>how old were you when you were first told by<br>a (doctor/nurse) that you had high blood pressure?<br>AGEINFBP<br>Enter age | NA<br>01-99  | 32-33                            |
|        |                                                                                                                                                                                  |              | <u></u>                          |

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| 11. | Are you currently taking any medicines, tablets or pills for high blood pressure?       MEDCINBP         Yes       No         No       DK         (a)       Do you still have high blood pressure?         Ask or record       No         DK       DK | $ \begin{array}{c} 1 \\ NA \\ 2 \\ 3 \end{array} $ $ \begin{array}{c} 1 \\ NA \\ 2 \\ 3 \end{array} $ | 34.35<br>- Q12<br>] (a)<br>36-37                      |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
|     | (b) Have you <u>ever</u> taken medicines, tablets, or<br>pills for high blood pressure in the past? <i>PASTABBP</i><br>Yes<br>No<br>DK                                                                                                                | 1<br>2<br>NA<br>3                                                                                     | 38-39<br>- (c)<br>}Q12                                |
|     | <ul> <li>(c) Why did you stop taking (medicines/tablets/pills) for high blood pressure? END TABMI-3</li> <li>Take last occasion Doctor advised me to stop due to improvement Informant decided to stop</li> <li>Other (specify)</li> </ul>            | $ \begin{array}{c}                                     $                                              | 40 - 45<br>Max MC<br>= 3                              |
| 12. | Are you receiving any other treatment or advice<br>because of your high blood pressure? ADVICEBP<br>Yes<br>No<br>DK<br>(a) What other treatment or advice are you currently<br>receiving because of your high blood pressure?<br>ADBPMI-3             | $ \begin{array}{c} 1\\ 2\\ NA\\ 3\\ MC\\ 1-9\\ NA\\ \end{array} $                                     | 46-47<br>- (a)<br>- See Q13<br>Max MC<br>= 3<br>48-53 |
| 105 | 5                                                                                                                                                                                                                                                     |                                                                                                       |                                                       |

| 13. | To all who have ever had diabetes (code 6 ringed                                                          | i at Q1                        |                  | 0                                                                               |
|-----|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------|---------------------------------------------------------------------------------|
|     | on page 8)<br>DNA, code 6 not ringed at Q1                                                                | DNADIAB                        | $\overline{(9)}$ | ५५ - ५८<br>- Go to use of                                                       |
|     | Were you told by a doctor that you had diabetes?                                                          | DOCI NFDI<br>Yes<br>No         |                  | SERVICES<br>PAGE 15<br>- See Q14 56 57<br>- GO TO USE OF<br>SERVICES<br>PAGE 15 |
| 14. | Women only<br>DNA, man                                                                                    | AMANDI                         | 9                | -Q15 58-59                                                                      |
|     | Can I just check, were you pregnant when you were told that you had diabetes?                             | PREGDI<br>Yes<br>No            | 1                | -(a) 60-61<br>-Q15                                                              |
|     | (a) Have you <u>ever</u> had diabetes apart from when<br>you were pregnant?                               | <i>NopreçDI</i><br>Yes<br>No   | 1<br>2 ~A        | - Q15<br>- GO TO USE OF<br>SERVICES<br>PAGE 15                                  |
| 15. |                                                                                                           | ly<br>AGEINFDI<br>Inter age    | \$ -2-<br>       | 64 - 65                                                                         |
| 16. | Do you currently inject insulin for diabetes?                                                             | / N/S UL / N/<br>Yes<br>No     |                  | 66 - 67                                                                         |
| 17. | Are you currently taking any medicines, tablets or<br>pills (other than insulin injections) for diabetes? | MEDCINDI<br>Yes<br>No,<br>DK . |                  | 68-69                                                                           |
|     |                                                                                                           |                                |                  | 106                                                                             |

18. Are you currently receiving any other treatment or advice 70-71 for diabetes? ADVICEDI Yes ..... 1 (a) No..... 2 MA GO TO USE OF DK ..... 3 SERVICES PAGE 15 (a) What other treatment or advice are you currently MC receiving for diabetes? Max MC ADDIMI-3 NA <u>≖ 3</u> 1-9 72-77 **GO TO USE OF SERVICES PAGE 15** EN) SEQUENCE 4 RECOLD 7. 101

|    | START SEQUENCE 5                                                                                                                                                     |            |                    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|
|    | REC 7                                                                                                                                                                | ,          |                    |
|    | USE OF SERVICES INTSERVS                                                                                                                                             |            |                    |
| 1. | Interviewer code                                                                                                                                                     | NONA       | s<br>14 - 15       |
|    | Informant has CVD condition<br>(codes 1-6 at Q1 'CVD CONDITIONS', page 8)                                                                                            |            | -Q2                |
| -  | Informant has no CVD condition<br>(all code 9's at Q1'CVD CONDITIONS', page 8)                                                                                       | 2          | - Q6               |
| 2. | To those with CVD condition                                                                                                                                          |            |                    |
|    | During the 2 weeks ending yesterday, apart from any<br>visit to a hospital, did you talk to a doctor, on<br>your own behalf either in person or by telephone?<br>Yes |            | /6-17<br>⊢(a)+(b)  |
|    | Exclude consultations made<br>on behalf of others No                                                                                                                 | 2          | Q3(a)+(b)          |
|    | DOCTIMES                                                                                                                                                             | MA         | 18-19              |
| -  | (a) How many times did you talk to a doctor in these 2 weeks?                                                                                                        | 01-99      |                    |
|    | (b) (Was this consultation/Were any of these consultations) about<br>                                                                                                | 6 HC<br>71 | SC<br>- Q3 (a)+(b) |
|    | all angina angina apply other heart trouble                                                                                                                          |            | Max UC $-24 = 6$   |
|    | diabetes                                                                                                                                                             |            | μ                  |
|    | •                                                                                                                                                                    |            | 20-31              |
|    |                                                                                                                                                                      |            |                    |
|    |                                                                                                                                                                      |            |                    |
|    | •                                                                                                                                                                    |            |                    |
|    |                                                                                                                                                                      |            |                    |
|    |                                                                                                                                                                      |            |                    |
|    |                                                                                                                                                                      |            | ,                  |
|    | $\mathbf{x}$                                                                                                                                                         | ļ          |                    |
|    |                                                                                                                                                                      |            | /08                |

| 3.  |              | n your own behalf ab<br>2 8)?<br>Less than 2 wee<br>2 weeks but less<br>1 month but less<br>3 months but less<br>6 months but less | I, when was the last time you talked<br>out (CVD CONDITION/S<br>TALKLAST<br>sks ago | 1<br>27<br>3<br>4<br>5      | 32 - 33<br>Go back to Q2<br>- (b) |
|-----|--------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|
|     | Q<br>if<br>Q | 1 'CVD CONDITI                                                                                                                     |                                                                                     | Mc                          | 34 - 45                           |
|     | C<br>a<br>tl | Code<br>11<br>hat<br>pply                                                                                                          | high blood pressure                                                                 | 1<br>2A<br>3<br>4<br>5<br>6 | Max M<br>-Q4 = 6                  |
| 4.  | (DATE 1 YEAR | 12 months, that is sin<br>R AGO), did you attent<br>atient or day-patient?                                                         | end hospital as a                                                                   | 1<br>2 NA                   | 46-47<br>- (2)<br>- Q5            |
|     |              | cause of your<br>NDITION/S AT Q1 p                                                                                                 |                                                                                     | 1<br>(VA<br>2               | 4-8-47<br>]-Q5                    |
| 5   | ~            | 12 months, have you<br>overnight or longer                                                                                         | -                                                                                   | 1                           | 50-51<br>- (a)<br>- Q8            |
| 109 |              | ecause of your<br>NDITION/S AT Q1                                                                                                  |                                                                                     |                             | 52-53<br>- Q8                     |

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<u>(</u>)

| 6. | To those wit                | th no CVD condition                                                                                                                             | [                | ]                                  |
|----|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|
|    | visit to a hos              | weeks ending yesterday, apart from any<br>pital, did you talk to a doctor, on $\bigwedge OCVI$<br>half either in person or by telephone?<br>Yes |                  | 54-55<br>- (a)                     |
|    | Exclude con<br>on behalf of | sultations made                                                                                                                                 | 2 m              |                                    |
|    | (a) How ma                  | Noc V2 any times did you talk to a doctor in these 2 weeks?                                                                                     | (-1-99<br>(-1-99 | 56-57<br>Q8                        |
| 7. |                             | iny visit to a hospital when was the last<br>red to a doctor on your own behalf?                                                                |                  |                                    |
|    | Prompt<br>as<br>necessary   | NOC_V3<br>Less than 2 weeks ago                                                                                                                 | 2<br>30<br>4     | 58 - 59<br>- Go back to Q6<br>- Q8 |

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END SEQUENCE 5 REC 7

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| START SEQUENCE 6.                                                                                                                                                                                                                                                              |                                                         | $\bigcap$                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 8. To all Ask or record REC 7<br>May I just check, have you ever had your blood pressure measured<br>by a doctor or nurse?<br>No<br>DK/Not sure                                                                                                                                | $ \left(\begin{array}{c} 1\\ 2\\ 3 \end{array}\right) $ | J4-15<br>- (a)<br>- Q9                                                                                                               |
| <ul> <li>(a) When was the last time your blood pressure was measured by a doctor or nurse? Was it</li></ul>                                                                                                                                                                    |                                                         | - (b)                                                                                                                                |
| (b) Thinking about the last time your blood pressure was measured<br>by a doctor or nurse:<br>Were you told it was $\angle EVE \angle BP$<br>Running<br>prompt alright or fine<br>higher than normal                                                                           |                                                         | 18~17)<br>(d)<br>(c)                                                                                                                 |
| <ul> <li>Codes 1, 2, 3 = told with<br/>or without informant<br/>asking</li> <li>(c) To those whose blood pressure was higher than normal<br/>at last reading (Q8b coded 2) but informant did not<br/>report high blood pressure at Q1 'CVD CONDITIONS',<br/>page 8.</li> </ul> |                                                         | $- (\mathbf{d})$ $- \mathbf{Q}9$ $- 2\mathbf{o} \cdot 2\mathbf{i}$                                                                   |
| DNA, others<br>Is this the only time your blood pressure has been<br>higher than normal or has it been higher than normal<br>a number of times?<br>Only time<br>A number of times                                                                                              | 9<br>No NAS<br>1<br>2                                   | - (d)<br>22-23<br>- (d)<br>- Ask Q1<br>'CVD CONDTIONS',<br>page 8 again as a                                                         |
| (d) Were you told the numerical value of your ToLDBP<br>blood pressure measurement? .Yes<br>No<br>UI                                                                                                                                                                           | $ \begin{bmatrix} 1 \\ 2 \\ 3 \end{bmatrix} $           | check question. If<br>'Yes' to high blood<br>pressure, go through<br>CVD section again.<br>Then ask (d).<br>2y - 25<br>- (e)<br>- Q9 |

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| -           | (e) What was the<br>Write in<br>values                                                                                                      | Systòlic<br><br>Díastolic     | (mmHg)<br><br>(mmHg)                                         |                                                 | <i>ОМВР</i>                                                                           | ]                    | 1                     | 26-27                                                   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|-----------------------|---------------------------------------------------------|
| - <b>9.</b> | Have you ever had<br>by a doctor or nurse                                                                                                   |                               | d cholester                                                  |                                                 |                                                                                       |                      |                       | 2-8-29<br>- Q10<br>- GO TO<br>- MEDICAL DIET<br>PAGE 21 |
| 10.         | (a) When was the by a doctor or was it<br>Was it<br>Running<br>prompt<br>Sponta                                                             | nurse?<br>du:<br>at 1<br>at 1 | ring the las<br>least a year<br>least 3 year<br>years ago of | t 12 mon<br>but less<br>rs but less<br>r more?. | LASTC<br>ths<br>than 3 years<br>than 5 year                                           | EHOL<br>ago<br>s ago |                       | 30·31<br>-(b)                                           |
|             | <ul> <li>(b) Thinking abou<br/>measured by a<br/>Running<br/>prompt</li> <li>Codes 1, 2, 3 = to<br/>or without inform<br/>asking</li> </ul> | doctor or                     | nurse were                                                   | : you told                                      | it was<br><i>CHOLL</i><br>alright or fi<br>higher than<br>lower than<br>or not told a | EVEL                 | 1<br>2<br>3<br>4<br>5 | 32-33<br>- (c)<br>- GO TO<br>- MEDICAL DIET<br>PAGE 21  |
|             |                                                                                                                                             |                               |                                                              |                                                 |                                                                                       |                      |                       | 112                                                     |

|            |                                |                                                  |                                               |             | $\cap$                                                 |
|------------|--------------------------------|--------------------------------------------------|-----------------------------------------------|-------------|--------------------------------------------------------|
| <b>(c)</b> | Were you told<br>blood cholest | the numerical value of your<br>erol measurement? | TOLDCHOL<br>Yes<br>No<br>DK/Can't remember MA | 1<br>2<br>3 | 34-35<br>- (d)<br>- GO TO<br>- MEDICAL DIET<br>PAGE 21 |
| (d)        | What was the                   | numerical value?                                 |                                               |             |                                                        |
|            | Write in<br>value              | Total Cholesterol (mmol/1)                       | NUMCHOL                                       | 1           | 34-37<br>GO TO<br>— MEDICAL DIFT<br>PAGE 21            |
|            |                                |                                                  |                                               | -           |                                                        |

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|----|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|
| ME | DICAL DIET                                                                                                                              |                                                                                                                                                                                                                       |                                       |                                                 |
| 1. | Has a doctor, nurse or dictician ever advis<br>or to cut down on or eat more of certain fo                                              |                                                                                                                                                                                                                       |                                       | යිෂි - යිනි<br>- (a)<br>- GO TO<br>ACTIVITY AND |
|    | (a) Did you follow this advice<br>Take most<br>recent diet Running prompt                                                               | FOLLDIET<br>all of the time<br>most of the time<br>some of the time<br>or not at all?                                                                                                                                 |                                       | EXERCISE<br>PAGE 22<br>4-0 - 4-1                |
| 2. | Did the (doctor/nurse/dietician) advise yo<br>to go on one or more of the following diet<br>Running<br>prompt<br>Code all<br>that apply |                                                                                                                                                                                                                       | MC<br>1<br>2<br>MA<br>3<br>4<br>5-9   | NGX AIC<br>= 6<br>42-53                         |
|    | d informant card A                                                                                                                      |                                                                                                                                                                                                                       | MC                                    |                                                 |
| 3. | (so<br>Code all<br>that apply<br>Dia<br>He<br>Co<br>Oth                                                                                 | YDIETMI-G         gh Blood Pressure         metumes called hypertension)         erweight         gh Blood Cholesterol         gh Blood Cholesterol         abetes         art Disease         nstipation         her | 1<br>MA<br>2<br>3<br>4<br>5<br>6<br>7 | Max Mc<br>= 6,<br>54-65                         |
|    | END REC                                                                                                                                 | OK.) /                                                                                                                                                                                                                | L                                     | ] (14                                           |

|    | START                                                        | RECORD 8                                                                                                                                                                             | (                                 |
|----|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|    | ACTIVITY AND EXI                                             | ERCISE STAKE SEQUENCE 1                                                                                                                                                              |                                   |
|    | done at work or in your                                      | t some of the things you have<br>free time that involve physical<br>ceks that is from up to                                                                                          |                                   |
| _  | Activity at work and a                                       | around the house.                                                                                                                                                                    |                                   |
| 1. | (Can I just check) were<br>employed in the past 4            | Yes                                                                                                                                                                                  | 1Q2                               |
|    |                                                              | No                                                                                                                                                                                   | 2 MA Q3                           |
| 2. | Thinking about your jo that you are                          | b in general would you say                                                                                                                                                           |                                   |
| -  | Running<br>prompt                                            | ACTIVE<br>very physically active<br>fairly physically active<br>not very physically active<br>or not at all physically active in your job?                                           | NH<br>2<br>  2<br>3               |
| 3. | I'd like you to think ab<br>when you were <u>not</u> doi     |                                                                                                                                                                                      |                                   |
|    | Have you done any hou                                        | usework in the past 4 weeks?<br>HOUSE W Rk<br>Yes<br>No                                                                                                                              | <<br>1 - (a)<br>2 ivin - Q4       |
| ÷, | This card gives ex<br>does not include e<br>Was any of the h | usework are heavier than others.<br>camples of heavy housework, it<br>everything. These are just examples.<br>ousework you did in the past 4<br>f heavy housework?<br>HEVYHWK<br>Yes | RK 20.21<br>(1 - (b)<br>2 NA - Q4 |
|    | (b) During the past 4<br>you done that kin                   | weeks on how many days have<br>d of heavy housework? HEAVYDA<br>No. of days                                                                                                          | NA<br>01-28<br>22-23              |

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| $\overline{}$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                |             |                     |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------|---------------------|
| 4.            | Have you done any gardening, D<br>pasi 4 weeks?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IY or building work in the                                       | $\bigcirc$  |                     |
|               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                              | 1           | - (8) 24-25         |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                               | 2200        | – Q5                |
| -             | (a) Could you have a good look<br>examples of heavy manual g<br>Was the gardening or DIY y<br>of the heavy manual kind?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ou did in the past 4 weeks                                       | (           |                     |
|               | Show Card C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MANWORK<br>Yes                                                   |             | – (b)               |
|               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No.,                                                             | 2~A         | - (b) 26-27<br>- Q5 |
| -             | (b) During the past 4 weeks, on<br>did you do this kind of heavy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rmanual gardening or DIY?                                        | 01-28       | , 28-ኋዓ             |
| - 5.          | Have you done any walks of a qu<br>the past 4 weeks? That would usu<br>lasting 5 to 10 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | $\bigcirc$  |                     |
|               | Ask or record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                              | 1           | - Q6 30:31          |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                               | 2           | -<br>-              |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Can't walk at all                                                | MA<br>3     | - Q8                |
| 6.            | Preamble:<br>I'd like you to think about <u>all</u> the<br>in the past 4 weeks either locally<br>include any country walks, walkin<br>work, walking to and from work a<br>have done.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or away from here. Please<br>ng in the course of your            |             |                     |
|               | Did you do any walks of 1 mile o<br>weeks? That would usually be <u>co</u><br>at least 20 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r more in the past 4<br>ntinuous walking for<br>MILE WALK<br>Yes |             | (8)<br>37 -73       |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                               | 2 NA        | _ Q8                |
|               | (a) During the past 4 weeks, how<br>you do any walks of 1 mile of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | w many times did<br>or more?<br>No of times                      | ×4<br>01-99 | 34 35               |
| 7.            | Which of the following best description | ribes your <u>usual</u> walking                                  | $\bigcirc$  |                     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WALKPACE                                                         |             | r.                  |
|               | Running     prompt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |             | 36 37               |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a steady average pace                                            | 2<br>  ~A   |                     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a fairly brisk pace                                              | 3           |                     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or a fast pace - at least 4 mph?                                 |             | <i>ï</i> 116        |

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| Spo | rts and         | Exercise                                                                                                                        | [ |                                                 |     |
|-----|-----------------|---------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------|-----|
| 8.  | Can y<br>on thi | you tell me if you have done any of the activities is card during the last 4 weeks?                                             |   |                                                 | ~ 1 |
|     | Show<br>(a)     | Y Card D<br>ACTANY<br>Yes<br>No<br>Interviewer code or record the sports and exercise<br>done in column 1 of the grid opposite. |   | 38 39<br>- (a)<br>- GO TO<br>SMOKING<br>PAGE 26 |     |
|     |                 |                                                                                                                                 |   |                                                 |     |

### 1991 Health Survey Coding frame for sports and exercise - Q9 page 25

Sports

Code

| Backpacking/hiking              | <u> </u>                     |
|---------------------------------|------------------------------|
|                                 | 2                            |
| Basketball                      | -                            |
| Bowls                           |                              |
| Boxing                          |                              |
| Canoeing                        |                              |
| Climbing                        | _                            |
| Cricket                         |                              |
| Darts                           | 1                            |
| Field athletics                 | 2                            |
| Fishing                         | 1                            |
| Golf                            |                              |
| Hiking/backpacking              |                              |
| Hockey                          |                              |
| Ice skating                     |                              |
| Martial arts, karati, judo etc. |                              |
| Motor sports                    |                              |
| Netball                         |                              |
| Rambling                        | 1                            |
| Roller skating                  |                              |
| Rounders                        |                              |
| Rowing                          |                              |
| Sailing                         |                              |
| Shooting                        |                              |
| Skiing                          |                              |
| Skittles                        |                              |
| Snooker                         |                              |
| Table tennis                    |                              |
| Ten pin bowling                 |                              |
| Volleyball                      |                              |
| Weight lifting                  |                              |
| Yoga                            |                              |
| _                               |                              |
| ight 2=moderate 3=Hear          | WY HEAMOAR WIL (TURCHT COLIN |

#### Ask for each activity done in the past 4 weeks. 9.

- Can you tell me on how many separate occasions (a) did you (ACTIVITY) during the past 4 weeks?
- How much time did you usually spend (ACTIVITY) **(b)** on each occasion?
- During the past 4 weeks was the effort of (ACTIVITY) **(c)** usually enough to make you out of breath or sweaty?

| (c) During the past 4 weeks was the effort of (A usually enough to make you out of breath or | CTIVITY)<br>sweaty?                                      |                    | <u>64</u> 45<br> | ·<br>44.47 |                |                       |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|------------------|------------|----------------|-----------------------|
|                                                                                              | Col 1                                                    | (a)                | 1                | ))         | -(c)           | )                     |
| Each line as 1st line.                                                                       | Act.<br>done                                             | No. of occas.      | "per (           |            |                |                       |
| <b></b>                                                                                      | CYLLE                                                    | CYCLEOCC           | hrs              | min        | Yes<br>Cyca    | No                    |
| Cycling/exercise bike Brank                                                                  | $R \left( \begin{array}{c} 01 \\ 4 \end{array} \right) $ | (NA<br>(01-99)     | 15               |            | (1 M<br>48     | 12                    |
| Exercises (press ups, sit ups etc)                                                           | EXACT<br>02<br>50-51                                     |                    |                  | 545        |                | F5<br>59              |
| Aerobics/keep fit/ gymnastics/dance for fitness                                              | 4 E KO<br>03<br>60 61                                    | 62163              | 64165            | 199 WT     | her<br>68      | 277-<br>69<br>Carefa  |
| Other types of dating END SEQUENCE 1                                                         | DANCE<br>04<br>14.15                                     | DANCE 000          | 18 19            | 124<br>124 | 122            | 2<br>23               |
| Weight training WTRAIN                                                                       | 05<br>24-25                                              | WEIGHOCO<br>26127  | 2817             | 2          | 1<br>32        | HE FA                 |
| Swimming                                                                                     | -5WIM<br>06<br>3+-35                                     | SWIMOCO<br>36 1 37 | SNM              | No the     |                | 43                    |
| Running/jogging                                                                              | RUN<br>07<br>44-45                                       | RUNOCC<br>46147    | KUNAK<br>4K14    | Bin Part   | RUN<br>J<br>S2 | <i>EFF</i><br>2<br>53 |
| Football/rugby                                                                               | FOOTSALL<br>08<br>54-55                                  | FTBLLOC            | (Call            |            | 784            | 2<br>63               |
| Badminton/tennis                                                                             | TENNIS<br>64 65                                          | 7ENNOCO<br>66167   | 681 69           | 17         | 72             | NEFF<br>2<br>73       |
| Squash X END SEQUENCE 2 X<br>STALT SEQUENCE 3 X                                              | SØUASH<br>10<br>14 15                                    | 59UASOC<br>16,17   | C                | N 121      | >5<br>I<br>22  | 2<br>2<br>23          |
| Other sports or exercise (specify)                                                           | OFF USE                                                  | ACTAOCO<br>24.27   | 1                | 1030       | 1 7 1          | AEFF                  |
| Each line as 1st line (max lines - 5)                                                        | ACTA 24-25                                               | NA                 |                  | NA NA      | 32             | 33                    |
|                                                                                              | (-3)                                                     | 01.99              | ) an-            | 80-        | (1-            | 72 )                  |
|                                                                                              | ACTB<br>34-35                                            | ACTBOCC<br>36 137  | ACTER            | Pro 41     | 1              | 2                     |
|                                                                                              | ACTC                                                     | ACTCOC             | KTCH             | He STON    | ACTO           | EFF                   |
|                                                                                              | 44-45                                                    | 46 47              | 48 ¥1            |            | 52             | 2<br>53<br>DFFF       |
|                                                                                              | ACTD<br>S4-55                                            | ACTDOC<br>56 157   | ALTON<br>ST 15   | Ro         | 1              | 2 63                  |
|                                                                                              | ACTE.                                                    | ACTEOC             | CALTE            | AR Len     | 1 1            | EFF                   |
|                                                                                              | 64 65                                                    | 66 67              |                  | 7 M 17     | 1 72           | 273                   |

**GO TO SMOKING PAGE 26** 

ENI) SEQUENCE 3

118

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|           | RECORD 8                                                                                                                          |                  | ί,                                               |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------|
|           | SMOKING STAKT SEQUENCE 4.                                                                                                         | ÷                |                                                  |
|           | For informants aged 16 and 17 use self-completion Smoking and<br>Drinking schedule, then go to Q9 of the drinking section page 33 |                  | a".                                              |
| 1.        | To those aged 18 and over                                                                                                         |                  |                                                  |
| -         | May I just check, have you ever smoked a cigarette,<br>a cigar or a pipe?<br>SMOKE VER<br>Yes<br>No                               |                  | 4 - 15<br>- Q2<br>- GO TO<br>DRINKING<br>PAGE 29 |
| 2.        | Do you smoke cigarettes at all nowadays? SMOKENOW                                                                                 | $\bigcirc$       | 16·17                                            |
|           | Yes                                                                                                                               | 1 mA             | Current cig<br>- Smoker go<br>to Q7              |
|           |                                                                                                                                   | 2                | - Q3                                             |
| <b>3.</b> | Have you ever smoked cigarettes?<br>SMOKECIG<br>Yes<br>No                                                                         | 1                | 18 - 19<br>(a)<br>Q11                            |
|           | (a) Did you smoke cigarettes SMoKEREG                                                                                             | $\mathbf{i}$     | 20-21                                            |
| ••••••    | Running regularly, that is at least one cigarette a day                                                                           | 1                | - Ex-smoker<br>ask Q4                            |
|           | or did you smoke them only occasionally?                                                                                          | 2                | – Ex-occ<br>Smoker Q6                            |
| ·         | Spontaneous: Never really smoked cigarettes, just tried them once or twice                                                        | 3 NA             | _ Q11                                            |
| · .       | EX-SMOKERS                                                                                                                        | $\bigcirc$       | <u>- 44: 1</u> ,                                 |
| 4.        | About how many cigarettes did you usually smoke in a day?<br>EX5 MoKE<br>No. smoked a day                                         | NA<br>01-98      | 22 - 23                                          |
| 5.        | And for approximately how many years did you smoke<br>regularly?<br>No. of years                                                  | NA<br>01-98      | 24-25                                            |
| _6.       | How long ago did you stop smoking cigarettes? END SMOKE<br>No. of years<br>Less than 1 yr                                         | NA<br>c:-:49<br> | 26-27<br>Q9                                      |
|           |                                                                                                                                   | L                |                                                  |

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## CURRENT SMOKERS

| <ul> <li>7. About how many cigarettes a day smoke on weekdays?</li> <li>8. And about how many cigarettes a smoke at weekends?</li> </ul> | No. smoked a day                                                                                                                                                                                                                                                       | NA<br>99-10<br>00<br>00<br>NA<br>01-98                                           | 28-29<br>30-31          |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------|
|                                                                                                                                          | Less than 1                                                                                                                                                                                                                                                            | 00                                                                               |                         |
| CURRENT SMOKERS / EX - SMOKE                                                                                                             | RS                                                                                                                                                                                                                                                                     |                                                                                  |                         |
| 9. Have you ever tried / Did you obecause of a particular health of                                                                      | ever try to give up smoking                                                                                                                                                                                                                                            | 1<br>2 MA                                                                        | 32-33<br>- (a)<br>- Q10 |
| (a) Here is a list of health contoury to give up smoking condition you had?          Show Card E         Code all that apply             | ditions that may lead people<br>Can you tell me which<br>SMOKEMI-6<br>Heart trouble/problem<br>High blood pressure<br>Cancer<br>Bronchitis<br>Cough<br>Cough<br>Shortness of breath<br>Other respiratory problem<br>Cold / flu / virus<br>Pregnancy<br>Other (specify) | MC<br>01<br>02<br>MA<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>-<br>2 C | 34-45<br>Max MC<br>= 6  |

|     |                                                                                                              |                                         | 1                          |             |                               |
|-----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|-------------|-------------------------------|
| 10. | Has anyone ever advised you/Did at<br>to stop smoking altogether because                                     | nyone ever advise y<br>of your health?  | NO                         |             | 46-47<br>- (a)<br>} Q11       |
|     | () MIL and the dependence of the 2 Was                                                                       | i.                                      | _                          |             |                               |
|     | (a) Who advised you to stop? Was                                                                             |                                         | ADSTOP                     | $\frown$    |                               |
|     | Running prompt                                                                                               | a medical person<br>doctor or nurse.    |                            | 1           | 48-49                         |
|     | Code first that<br>applies                                                                                   | or someone else,<br>family, relatives o | such as your               | . NA<br>2   | /                             |
| 11. | To all who have ever smoked                                                                                  |                                         |                            |             | •                             |
|     | (That is the end of the questions abo<br>Now just a few questions about ciga<br>Have you ever smoked cigars? | ar and pipe smoking                     | s.)<br>CIGAR               | $\bigcap$   | 50-51                         |
|     |                                                                                                              |                                         | Yes                        | 1           | (a)                           |
|     |                                                                                                              |                                         | No                         | 2NA)        | – Q12                         |
|     | (a) Do you smoke cigars at all now                                                                           | vadays? C                               | IGARNOW<br>Yes             | 1           | 52-53<br>(b)                  |
|     | ·                                                                                                            |                                         | No                         | 2 14        | – Q12                         |
|     | (b) About how many cigars do you in a week?                                                                  |                                         | I GAI2WK<br>ed a week ───→ | NA<br>01-99 | 54-55                         |
|     |                                                                                                              | Less than                               | 1                          | 00          | - Q12                         |
| 12. | Have you ever smoked a pipe?                                                                                 |                                         | PIPE<br>Yes                |             | - (a)                         |
|     |                                                                                                              |                                         | No                         | 2 ~~~       | DRINKING                      |
|     | (a) Do you smoke a pipe at all the                                                                           | se days?                                | PIPENOW<br>Yes             |             | PAGE 29<br>5 % - 5 γ<br>GO TO |
|     | ·                                                                                                            |                                         | No                         |             | DRINKING<br>PAGE 29           |
|     |                                                                                                              |                                         |                            |             |                               |
|     |                                                                                                              |                                         |                            |             | 1                             |

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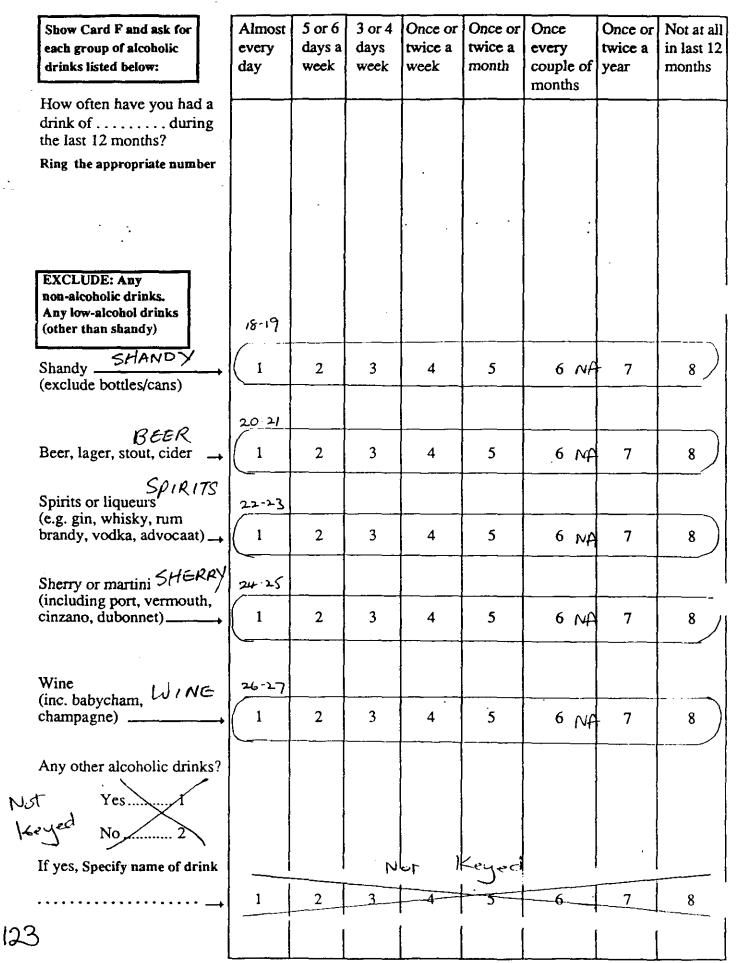
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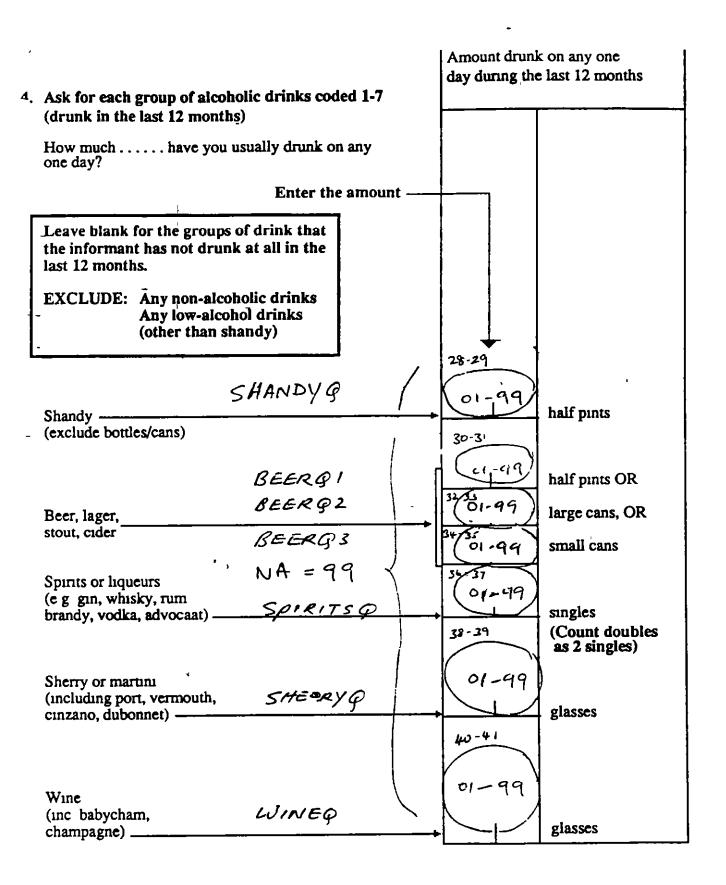
EN) SEQUENCE 4 RECOL) 8

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| DRINKING START SEG                                                                                                                                                                                                                    |                              |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|
| RELORD 2                                                                                                                                                                                                                              | 8                            |                                      |
| <ol> <li>I'm now going to ask you a few questions about<br/>you drink - that is if you drink.</li> </ol>                                                                                                                              | what                         |                                      |
| Do you ever drink alcohol nowadays, including o you brew or make at home?                                                                                                                                                             | drinks<br>DRINK<br>Yes<br>No | 1 MA - Q3<br>2 - Q2                  |
| 2. Could I just check, does that mean you never hav<br>an alcoholic drink nowadays, or do you have an<br>alcoholic drink very occasionally, perhaps for<br>medicinal purposes or on special occasions like<br>Christmas and New Year? | Very occasionally<br>Never   | 16 17<br>1 - Q3<br>2 MA - Q9 PAGE 33 |
|                                                                                                                                                                                                                                       |                              |                                      |

3. I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.





Any other alcoholic drinks?

If the informant had any other type of alcoholic drink at Q3, record the name of the drink again and enter the amount usually drunk on any one day

Specify name of drink

Go to Q5 124

| 5.        | (Thinking now about all kinds of d<br>had an alcoholic drink of any kind<br>the last 12 months? |                                                                                                                                                                                                                                                                                             |                                                                      | ÷                              |
|-----------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|
|           | Show Card F                                                                                     | Five or six days a week                                                                                                                                                                                                                                                                     | 2                                                                    | 42-42                          |
|           |                                                                                                 | Three or four days a week                                                                                                                                                                                                                                                                   | 3                                                                    |                                |
|           |                                                                                                 | Once or twice a week                                                                                                                                                                                                                                                                        | MA<br>4                                                              |                                |
| -         | -                                                                                               | Once or twice a month                                                                                                                                                                                                                                                                       | 5                                                                    |                                |
|           |                                                                                                 | Once every couple of months                                                                                                                                                                                                                                                                 | 6                                                                    |                                |
|           | -                                                                                               | Once or twice in the year                                                                                                                                                                                                                                                                   | 7                                                                    |                                |
| * -       | -<br>                                                                                           | Not at all in the last 12 months                                                                                                                                                                                                                                                            | 8                                                                    |                                |
| <b>6.</b> | Compared to 5 years ago, would ye more, less or about the same nowar                            |                                                                                                                                                                                                                                                                                             | 1<br>NA<br>2<br>3                                                    | \$4 - 4 5<br>}<br>- Q8<br>- Q7 |
| 7.        | Did you cut down your drinking be<br>health condition you had at the tim                        |                                                                                                                                                                                                                                                                                             | 1                                                                    | 46-4-7<br>(a)<br>Q8            |
| · ·       |                                                                                                 | ions that may lead people to cut<br>ell me which condition you had? $DRICUTMI-6$<br>Heart disease<br>Hardening of the arteries<br>High blood pressure<br>Liver disease<br>Ulcers or other gastro-intestinal problems<br>Cancer<br>Diabetes<br>Excess weight<br>Pregnancy<br>Other (specify) | 01<br>02<br>03<br>04<br>5<br>05<br>06<br>07<br>08<br>09<br>10-<br>20 | MaxMc<br>= 6<br>48-59          |
| ļ         | 25<br>25                                                                                        | D SEQUENCE 5<br>REOD 8                                                                                                                                                                                                                                                                      |                                                                      |                                |

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|    | RECOR)                                                                  | 8                                                                                                                                                                             | Ye                                               | 2/ X K A D<br>ss                                          | 1<br>2 mp    | - (a)<br>- Q9                                                                               |
|----|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------|
|    | (a) Who advised you                                                     | to cut down? Was it                                                                                                                                                           |                                                  |                                                           |              |                                                                                             |
|    | Running prompt                                                          |                                                                                                                                                                               | DRINKA                                           | DA                                                        | $\bigcirc$   |                                                                                             |
|    | Code first<br>that applies                                              | or someone else,                                                                                                                                                              | n, such as a doctor or<br>, such as your family. | , relatives                                               | 1<br>NA<br>2 | 76 I                                                                                        |
| 9. | the following:<br>Please read eac<br>if you have had<br>to the word'yes | Informant new<br>(Q2 page 29 c<br>Informant dru<br>often (Q5 pag<br>Others<br>nt self completion b<br>h statement. Thinku<br>d this experience just<br>s'. If you have not ha | ged 16 or 17                                     | ear or less<br>X<br>read<br>e months only,<br>next<br>the |              | GO TO<br>HABITS<br>PAGE 36<br>Q10<br>GO TO<br>EATING<br>HABITS<br>PAGE 36<br>- (a)<br>/8-17 |
|    | Interviewer code                                                        | -                                                                                                                                                                             | on form accepted<br>on form refused              |                                                           | 4            | GO TO<br>EATING<br>HABITS<br>PAGE 36                                                        |
|    |                                                                         |                                                                                                                                                                               |                                                  |                                                           |              |                                                                                             |

| 10 To non drinkers                                  |                                        |                                          | Г                     |                                                | 20-21            |
|-----------------------------------------------------|----------------------------------------|------------------------------------------|-----------------------|------------------------------------------------|------------------|
| Have you always been a no                           | n-drinker or did y                     |                                          |                       |                                                | GOT              |
|                                                     | A 1                                    |                                          | WAYSTT                | Ima                                            | EATING<br>HABITS |
|                                                     | •                                      | non-drinker                              | 1                     | 2                                              | PAGE 36          |
| ·····                                               |                                        | ink, but stopped                         |                       | (2)                                            | – Q11            |
| 11. How long is it since you sto                    | opped drinking?                        |                                          | SINCETT               | $\bigcirc$                                     |                  |
|                                                     |                                        | Less than a year                         |                       | MA                                             | 22-23            |
|                                                     |                                        | •                                        | less than 5 years     | 2                                              |                  |
|                                                     |                                        | -                                        | it less than 10 years | 3 2                                            | -                |
|                                                     |                                        | 10 years or more.                        |                       | 4                                              | <u> </u>         |
| 12. Before you stopped drinkin have a drink?        | g, how often did                       | you usually                              | FORETT                | $\frown$                                       |                  |
| Show Card H                                         | Almost ev                              | _                                        | POREII                | $\left(\begin{array}{c}1\\1\end{array}\right)$ | 24-25            |
| Show Card II                                        |                                        |                                          |                       | 2                                              | -7 43            |
|                                                     |                                        | -                                        |                       | MA<br>3                                        |                  |
|                                                     |                                        | •                                        |                       | 4                                              |                  |
|                                                     |                                        |                                          |                       | 5                                              |                  |
|                                                     |                                        |                                          |                       | 6                                              |                  |
|                                                     |                                        | -                                        |                       | 7                                              |                  |
|                                                     | Once or ty                             |                                          |                       | $\bigcirc$                                     |                  |
| 13. Did you stop drinking beca                      | use of a particula                     | r                                        | WHYTT                 |                                                | 26-27            |
| health condition you had a                          | the time?                              |                                          | Yes                   | 1                                              | — (a)            |
|                                                     |                                        | J                                        | No                    | 2 ~                                            | - Q14            |
| (a) Here is a list of healt<br>stop drinking alcoho | h conditions that :<br>Can you tell me | may lead people to<br>which condition ve | ou had?               |                                                | 1                |
| stop uniking atomo                                  |                                        |                                          | YTTNII-G              | MC                                             |                  |
| Show Card G                                         | Heart dise                             |                                          |                       |                                                |                  |
|                                                     | Hardening                              | g of the arteries                        |                       | 02                                             | MaxMc            |
| Code                                                |                                        | -                                        |                       | 03                                             | =6               |
| all                                                 | •                                      | -                                        |                       | MA<br>04                                       | 28-39            |
| that                                                |                                        |                                          | nal problems          | 05                                             | ~ J/             |
| apply                                               |                                        | Ū.                                       | 1                     | •                                              |                  |
|                                                     |                                        |                                          |                       |                                                |                  |
|                                                     |                                        |                                          |                       |                                                |                  |
|                                                     |                                        | •                                        |                       |                                                |                  |
|                                                     |                                        |                                          |                       | 10                                             |                  |
|                                                     |                                        | •                                        | *****                 |                                                |                  |
| 27                                                  |                                        |                                          |                       | ·                                              | 42               |
|                                                     | Spontaneous:                           | Alcoholism                               |                       |                                                | <b>4</b>         |

| 4. Did anyone advise :                  | you to stop drinking alcohol because of your health?<br>ADTT<br>Yes<br>No                    | 1<br>2 MA | 40<br>- (2)<br>- GO TO<br>EATIN<br>HABIN<br>PAGE |
|-----------------------------------------|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| (a) Who advised ye<br>Running<br>prompt | ou to stop drinking? Was it<br><i>WHOADTT</i><br>a medical person, such as a doctor or nurse |           | 42-4                                             |
| Code first<br>that applies              | <sup>-</sup> or someone else, such as family, relatives or friends?                          | 2         |                                                  |

| EATING HABITS                                                       | ]                                                                                        |                                             | ]             |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|---------------|
| 1. What kind of bread do you usually e                              | at? Is it BREAD                                                                          | $\bigcirc$                                  |               |
| Running prompt                                                      | white                                                                                    | $\left(\begin{array}{c}1\end{array}\right)$ | <b>₩</b> ₩-₩S |
| Code one only                                                       | brown, granary, wheatmeal                                                                | 2                                           |               |
| If brown check if<br>wholemeal or some other<br>sort of brown bread | wholemeal<br>or some other kind of bread? (specify type and                              | 3<br>1V17                                   | -Q2           |
| -                                                                   | whether white or brown)                                                                  | 4                                           | ⊥<br>- Q3     |
| 2. What do you usually spread<br>on your bread? Is it               | SPREAD                                                                                   | $\bigcirc$                                  | 46-47         |
| Running prompt                                                      | butter                                                                                   | 1                                           |               |
| Code one only                                                       | hard margarine, block margarine<br>soft margarine, low fat spread, reduced fat<br>spread | 2<br>MA<br>3                                |               |
|                                                                     | or some other kind of fat?<br>(specify full name of brand)                               | ×                                           |               |
| Spontaneou                                                          | s: Does not use fat spread on bread                                                      | 5-1                                         | <b>)</b>      |
| 3. When you have fried foods, what kin foods usually cooked in?     | nd of fat or oil are the $FRIED$<br>Butter                                               | $\bigcap$                                   |               |
|                                                                     | Lard                                                                                     | 2                                           | 48-49         |
| Code one only                                                       | Dripping                                                                                 | 3                                           |               |
|                                                                     | Margarine<br>(specify full name of brand)                                                | 4                                           |               |
|                                                                     | Oil (specify full name of brand & type of oil)                                           | MA<br>5                                     |               |
|                                                                     | Other (specify full name of brand)                                                       | ×                                           |               |
|                                                                     | Don't know                                                                               | 7                                           |               |
| 129                                                                 | Does not eat fried food                                                                  | 8-                                          |               |

. . . . .

| 4. What kind of milk do you usually use for a in tea or coffee and on cereals etc? Is it | irinks, MILK                                                                         | $\bigcirc$                    |       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------|-------|
| Running prompt<br>Code one only                                                          | wholeskimmed<br>skimmed<br>some other kind of milk? (specify)<br>Does not drink milk | 1<br>MA<br>2<br>3<br>4<br>5-9 | 20-21 |
| 5. Do you usually have sugar in your tea?                                                | TEA<br>Yes, have sugar in tea                                                        | 1<br>MA<br>2<br>3             | 52.53 |
| 6. Do you usually have sugar in your coffee?                                             | COFFEE<br>Yes, have sugar in coffee<br>No<br>Does not drink coffee                   | 1<br>MA<br>2<br>3             | 54-55 |

7. I would like to ask you about some foods which you may eat. Can you tell me about how often on average you eat each of these foods by choosing your answer from this card.

| Show Card I                     | More than<br>once every<br>day | Once every<br>day | 3 - 6 days<br>a week | 1-2 days<br>a week | At least<br>once a<br>month | Less often<br>than once<br>a month | Rarely<br>or never |       |
|---------------------------------|--------------------------------|-------------------|----------------------|--------------------|-----------------------------|------------------------------------|--------------------|-------|
| Bread or rolls Rolls            |                                | 2                 | 3                    | 4                  | 5 N                         | <del>}</del> 6                     |                    | 56 s. |
| Chips CHIPS                     |                                | 2                 | 3                    | 4                  | 5 N                         | <del>A</del> 6                     | 7)                 | 58 5  |
| OTH FRIED<br>Other fried foods  | $\Box$                         | 2                 | 3                    | 4                  | 5 *                         | <sup>A</sup> 6                     | 7>                 | 60 6  |
| PASTIES<br>Meat pies or pasties |                                | 2                 | 3                    | 4                  | <u>5</u> ^                  | A 6                                | <u> </u>           | 62 6  |
| Fresh fruit FRUIT               |                                | 2                 | 3                    | 4                  | 5f                          | A 6                                | · 7)               | 646   |

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# GO TO PSYCHOSOCIAL FACTORS PAGE 38

**PSYCHOSOCIAL FACTORS** 1. Ask informant to go to page 4 of the self completion booklet and read the following: We should like to know how your health has been in general, over the last few weeks. Please answer all the questions from page 4 to page 8 by putting a tick in the box containing the answer which you think most applies to you. 2. Interviewer code PSYCINT 66-67 • . Psychosocial factors self completion accepted ..... GO TO **CLASSIFICATIO** Psychosocial factors self completion **PAGE 39** refused ..... 2-NA = 9END SEQUENCE 6 ND RECORD 8. 131

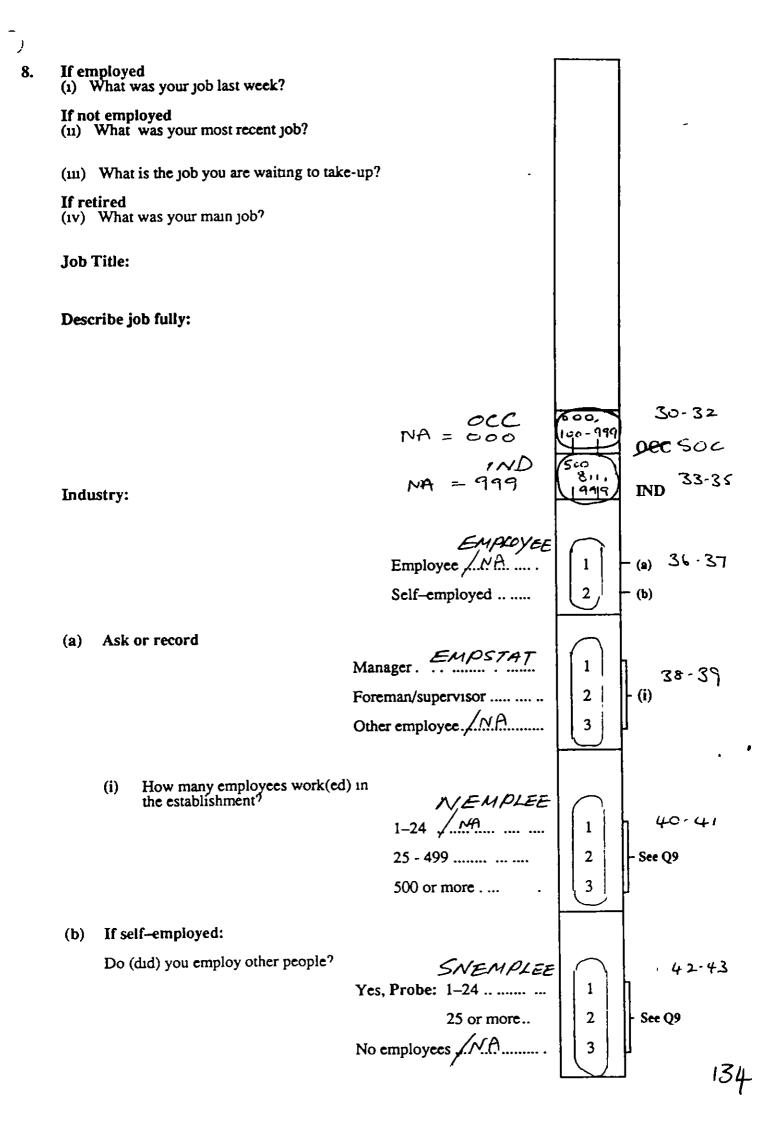
| self-employed in the week ending last Sunday? $WORRLATST$<br>Include for any number of hours<br>Yes<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                    | START REC                                                | 9-                                           |            |                    |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------|----------------------------------------------------------|----------------------------------------------|------------|--------------------|---------------|
| Employment Status<br>1. May I just check, were you in pad employment or $WORKLAST$<br>Include for any number of hours<br>2. Were you working full time or part time?<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>3. Last week were you<br>3. Last week were you<br>Code going to take up a job that<br>you had already obtaned?<br>Code going to school or college full time?<br>first (use only for persons aged 16 - 49)<br>retured?<br>(for women check age stopped work and use this<br>code only if stopped when 50 or over)<br>incoding after the home or family?<br>4. To those aged under 50.<br>DNA, Others aged 50 or over<br>Are you at present attending a school or college full time?<br>Code going to school or college full time?<br>(boking first the home or family?<br>(code only if stopped when 50 or over)<br>(code only if stopped when 50 or over)<br>(code only if stopped when 50 or over)<br>(code only for men aged 16-64 + women 16 - 59)<br>retured?<br>(code only for men aged 16-64 + women 16 - 59)<br>retured?<br>(code only if stopped when 50 or over)<br>(code only if stopped when 5                                                                                                                                                                                                                                                                                                                                        | CL | ASSIFICATION                       | STATI                                                    | SEQUENCE 1                                   |            |                    |               |
| self-employed in the week ending last Sunday? $UDKKAPP'$<br>Include for any number of hours Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Em | ployment Status                    |                                                          |                                              | ſ          |                    |               |
| No2 $-Q3$ 2.Were you working full time or part time? $THIRTYHR$ $I_6 : 7$ Full time = more than 30 hrsFull time = more than 30 hrsFull time = more than 30 hrs $I_6 : 7$ Part time = 30 hrs or lessFull time = more than 30 hrs $I_1$ $I_2$ 3.Last week were you $IFNO JOB$ $N_e NArtice Markow (New York) and already obtained?I_1Jooking for work?Iooking for work?II_2Iooking for work?Intending to look for work but prevented bytemporary sickness or injury?II_2Codefirstthatappliesgoing to school or college full time?(Check 28 days or less)II_2Itator were you doing something else?I_1Q7I_64.To those aged under 50.DNA SDQQ4.To those aged under 50.DNA SDQQAre you at present attending a school or college full time?SCHOOLYesI_1Q_2Q_2 = 2.2$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. | May I just chec<br>self-employed i | k, were you in paid employ<br>n the week ending last Sun | uday? WORKL                                  | AST        | N. NA              | -             |
| 2. Were you working full time or part time?<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Full time = more than 30 hrs<br>Part time = 30 hrs or less<br>Very No 50B<br>Ne NAR<br>Ne NAR |    | Include for an                     | y number of hours                                        | Yes                                          |            |                    | - Q2 14.15    |
| Image of the set of the se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _  |                                    |                                                          | - No                                         |            | 2                  | — Q3          |
| Full time = more than 30 hrs<br>Part time = 30 hrs or lessFull time =Part timePart time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. | Were you work                      | ing full time or part time?                              | THIRTS                                       | IHR        |                    |               |
| Part time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                    |                                                          |                                              |            | $\left( 1 \right)$ | <b>.</b> .    |
| waiting to take up a job that<br>you had already obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                    |                                                          |                                              | 1          | 2                  | FQ4           |
| waiting to take up a job that<br>you had already obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. | Last week were                     | <br>you                                                  | IFNOJ                                        |            |                    |               |
| you had already obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                    | _                                                        |                                              |            | N= NAS             | Ţ.            |
| $\frac{1}{10000000000000000000000000000000000$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                    | waiting to take up a jo<br>you had already ob            | b that<br>tained?                            |            |                    | 7             |
| temporary sickness or injury?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                    | looking for work?                                        | ·                                            |            | 2                  | - Q4          |
| first (use only for persons aged 16 - 49)<br>that permanently unable to work because of long term sickness or disability?<br>(use only for men aged 16-64 + women 16 - 59)<br>retired?<br>(for women check age stopped work and use this code only if stopped when 50 or over)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                    | temporary sickness                                       | or injury?                                   |            | 3                  | 18-19         |
| applies permanentity unable to Work because of long term<br>sickness or disability?<br>(use only for men aged 16-64 + women 16 - 59)<br>retired?<br>(for women check age stopped work and use this<br>code only if stopped when 50 or over)<br>looking after the home or family?<br>or were you doing something else? (specify)<br>or were you doing something else? (specify)<br>4. To those aged under 50.<br>DNA, Others aged 50 or over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | first                              | going to school or coll<br>(use only for per             | lege full time?<br>sons aged 16 - 49)        |            | 4                  | ]             |
| (for women check age stopped work and use this<br>code only if stopped when 50 or over)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | _                                  | sickness or disability?                                  |                                              | Į          | 5                  | - Q7          |
| $\frac{1}{2000} = \frac{1}{2000} = \frac{1}{2000}$ or were you doing something else? (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                    | (for women check a                                       | age stopped work and<br>ped when 50 or over) | d use this | 6                  | – Q8(iv)      |
| or were you doing something else? (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                    | looking after the home                                   | e or family?                                 |            | 7                  |               |
| 4. To mose aged under 50.<br>DNA, Others aged 50 or over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                    | or were you doing some                                   | ething else? (specify)                       |            | 8                  | ۲¢′           |
| 4. To those aged under 50.<br>DNA, Others aged 50 or over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                    |                                                          | · ··· ·· ··· · · · · ····                    |            | $\bigcirc$         | 1             |
| DNA, Others aged 50 or over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4  | To those aged                      |                                                          | DNA50                                        |            |                    | -             |
| Yes 1 NA - Q5 22-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •• |                                    |                                                          | or over                                      |            | (9)                | 20-21<br>- Q5 |
| Yes 1 NA - Q5 22-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Are you at pres                    | ent attending a school or c                              | ollege full time?                            | 001        |                    | Ì             |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                    |                                                          |                                              |            |                    | - 05 22-23    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          | No                                           |            | 2                  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          |                                              |            |                    | · ·           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          |                                              |            |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          |                                              |            |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          |                                              |            |                    | 132           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                    |                                                          |                                              |            |                    | 132           |

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| 5.        | Interviewer code                                                                   | INTEMP                                      | No NA  | 1<br>5 24-25          |
|-----------|------------------------------------------------------------------------------------|---------------------------------------------|--------|-----------------------|
|           | Person in employment last we                                                       | ek (Q1 page 39 = 1)                         |        | - Q8(i)               |
|           | Person not in employment last<br>but waiting to take up job                        | week (Q1 page 39 = 2)<br>o (Q3 page 39 = 1) | 2      | - Q6                  |
| -         | Others (Q3 page $39 = 2-3$                                                         | 8)                                          | 3      | - Q7                  |
| 6.        | Apart from the job you are waiting to take-up<br>you ever been in paid employment? | have .<br>OTHPAID                           | NENA   | 5 <u>26 2</u> -7      |
| ·         |                                                                                    | Yes                                         |        | – Q8(ii)<br>– Q8(iii) |
|           | ·                                                                                  |                                             |        |                       |
| <b>7.</b> | Have you ever been in paid employment?                                             | EVERPAID                                    | $\cap$ | 28.29                 |
|           |                                                                                    | Yes                                         | 1      | — Q8(ii)              |
|           |                                                                                    | No                                          | 2 mA   | — See Q9              |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
| •         |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        | ,                     |
|           |                                                                                    |                                             |        |                       |
|           |                                                                                    |                                             |        |                       |
| 133       | 3                                                                                  |                                             |        |                       |

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| <b>9</b>   |             | ployed last week (coded 1, 2, or 3 at Q3 page 39)<br>DNAEMP<br>DNA, others                                                                  | 9                                | 44 4-5<br>- Q10                        |
|------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|
|            | wanting wor | together have you been out of employment but<br>k in this current period of unemployment?                                                   | $\bigcap$                        |                                        |
|            | Use         | Less than 6 months                                                                                                                          | 1                                | 46-47                                  |
|            | calendar    | 6 months but less than 12 months                                                                                                            | 2                                | - Q10                                  |
|            | Prompt as   | 12 months but less than 2 years                                                                                                             | 3                                | 210                                    |
|            | necessary   | 2 years or more                                                                                                                             | 4                                |                                        |
|            | cation      |                                                                                                                                             |                                  | ······································ |
| Eau<br>10. | At what age | did you finish your continuous full-time<br>school or college?<br>Not yet finished<br>Never went to school<br>14 or under<br>15<br>16<br>17 | 1<br>2<br>NH<br>3<br>4<br>5<br>6 | 48-49                                  |
|            |             | 18<br>19 or over                                                                                                                            | 7 8                              |                                        |
|            |             |                                                                                                                                             |                                  | •                                      |
|            |             |                                                                                                                                             |                                  |                                        |
| 10         | E           |                                                                                                                                             |                                  |                                        |

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| qualification         | t this card and tell me whether you have passed any of the<br>s listed. Look down the list and tell me the first one you<br>you have passed.                   | 0  |     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| Show card<br>J        | Degree ( or degree level qualification).                                                                                                                       |    |     |
|                       | Teaching qualification<br>HNC/HND, BEC/TEC Higher, BTEC Higher<br>City and Guilds Full Technological Certificate<br>Nursing qualifications (SRN, SCM, RGN, RM, | 2  | 50- |
| Code<br>first<br>that | ŘĤ∀, Mıdwıfe)                                                                                                                                                  |    |     |
| applies               | 'A' levels/SCE higher<br>ONC/OND/BEC/TEC not higher                                                                                                            | 3  |     |
|                       | City and Guilds Advanced/Final level                                                                                                                           |    |     |
|                       | 'O' level passes (Grade A-C if after 1975)                                                                                                                     | NA |     |
|                       | GCSE (grades A - C)                                                                                                                                            |    |     |
|                       | CSE Grade 1                                                                                                                                                    |    |     |
|                       | SCE Ordinary (Bands A-C)                                                                                                                                       |    |     |
|                       | Standard Grade (Level 1-3)                                                                                                                                     | 4  |     |
|                       | SLC Lower                                                                                                                                                      |    |     |
|                       | SUPE Lower or Ordinary                                                                                                                                         |    |     |
|                       | School Certificate or Matric                                                                                                                                   |    |     |
|                       | City and Guilds Craft/Ordinary level                                                                                                                           |    |     |
|                       | CSE Grades 2-5                                                                                                                                                 |    |     |
|                       | GCE 'O' level (Grades D&E 1f after 1975)                                                                                                                       |    |     |
|                       | GCSE (Grades D,E,F,G)                                                                                                                                          |    |     |
|                       | SCE Ordinary (Bands D&E)                                                                                                                                       | 5  |     |
|                       | Standard Grade (Level 4,5).                                                                                                                                    |    | 1   |
|                       | Clerical or commercial qualifications                                                                                                                          |    | 1   |
|                       | Apprenticeship                                                                                                                                                 |    |     |
|                       | CSE ungraded                                                                                                                                                   | 6  | 7   |
|                       | Other qualifications (specify)                                                                                                                                 | 7  | · · |
|                       | No qualifications                                                                                                                                              | 8  |     |

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|      | Place of birth                                                      |                                                                                                    |                                                                                                          |                                                                                                                                       |
|------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| .12. | In which country were you b                                         | POB           England           Scotland           Wales           N. Ireland           Outside UK | 1<br>2<br>3<br>4<br>.5                                                                                   | 52-53                                                                                                                                 |
| 13.  | To which of the groups liste<br>consider you belong?<br>Show Card I | ETHNIC                                                                                             | $     1 \\     1 \\     2 \\     3 \\     4 \\     5 \\     6 \\     7 \\     8 \\     9 - 12     12   $ | S4 - SS<br>GO TO<br>PARENTAL<br>HISTORY<br>PAGE 45<br>- SPECIFY AT (a)<br>GO TO<br>PARENTAL<br>HISTORY<br>PAGE 45<br>- SPECIFY AT (a) |
|      | (a) How y group                                                     | would you describe the racial or ethnic<br>to which you belong?<br>RENTAL HISTORY PAGE 45          |                                                                                                          |                                                                                                                                       |

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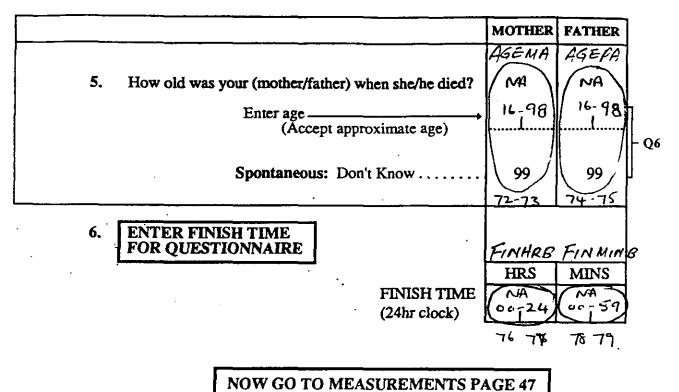
### PARENTAL HISTORY

#### Preamble:

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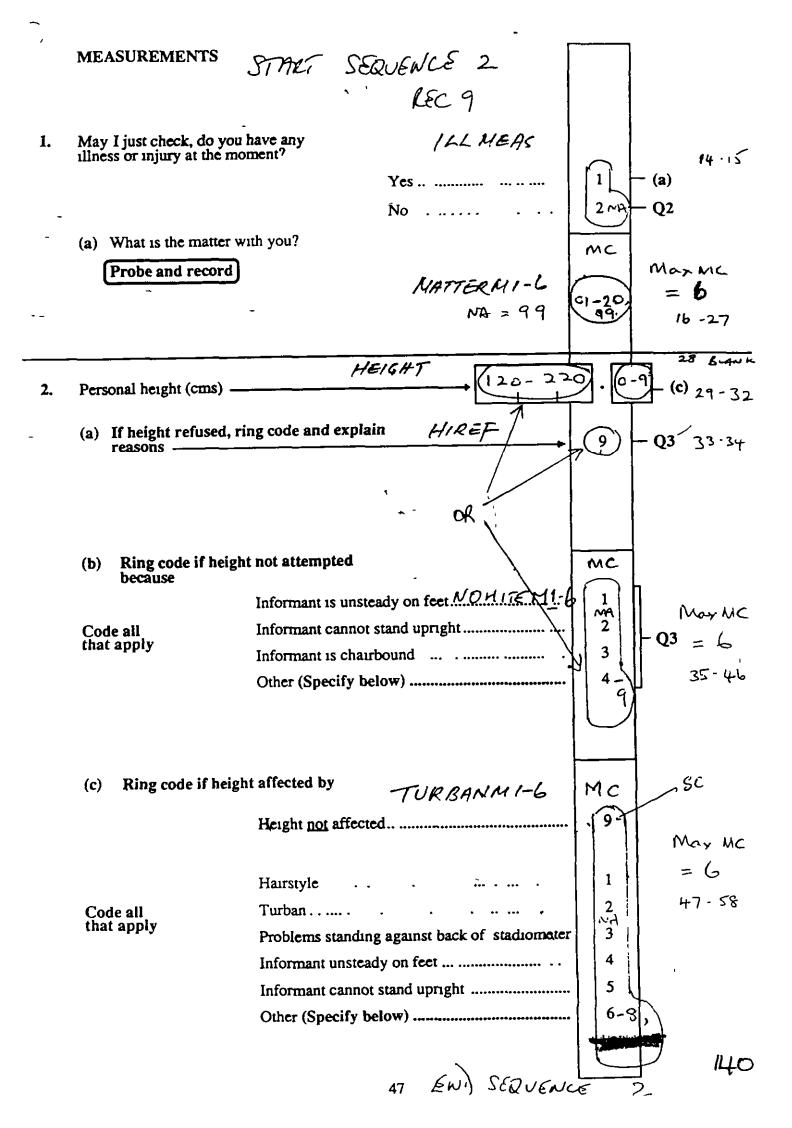
Now I would like to ask you some questions about the health of your parents. Over time there has been a lot of discussion about whether an individual's health is related to the health of their natural parents.

|             |                                                                                                      | MOTHER          | FATHER          |               |
|-------------|------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------|
| <br>1.      | Interviewer code:                                                                                    | INTMA<br>NE NAS | INTPA<br>No NAS |               |
|             | Informant's (mother/father) in household                                                             | 1               | 1               | - Q2          |
| <u> </u>    | Informant's (mother/father) not in household                                                         | 56-57           | 2               | Q3 58-59      |
| 2.          | May I just check, 18 your natural (mother/father)?                                                   | NATMA           | NATPA           |               |
|             | Yes                                                                                                  |                 | 1               | - Q6          |
|             | No                                                                                                   | 2               | 2               | - Q3          |
|             | DK MB                                                                                                | 3               | 3               | - Q6<br>62-63 |
| 3.          | Is your natural (mother/father) still alive?                                                         | LINENA          | 4TVEPA          |               |
|             | Yes                                                                                                  |                 |                 | - Q6          |
|             | No                                                                                                   | 2               | 2               | - Q4          |
|             | DK /MA                                                                                               | 3               | 3               | Q66-67        |
|             | Show Card L                                                                                          | CONSMA          | CANSOA          |               |
| 4.          | Did your (mother/father) die from any of the conditions on the card?                                 |                 |                 |               |
|             | High blood pressure                                                                                  |                 | 1               |               |
|             | Angina                                                                                               | 2               | 2               | { {           |
|             | Heart attack (including myocardial                                                                   | 3               | 3               |               |
| Code        | Stroke                                                                                               | 4               | 4               | - Q5          |
| only<br>one | Other heart trouble (including heart murmur,<br>damaged heart valves, tachycardia or<br>rapid heart) | 5               | 5               |               |
|             | Diabetes.                                                                                            | 6               | 6               | μ             |
|             | NONE OF THE ABOVE CONDITIONS                                                                         | 7               | 7               | h             |
|             | dk./.NA                                                                                              | 8               | 8               | F 06<br>138   |
|             | •                                                                                                    | 1.4 - 1.4       |                 | 17-07         |



) SEQUENCE 1 REC 9

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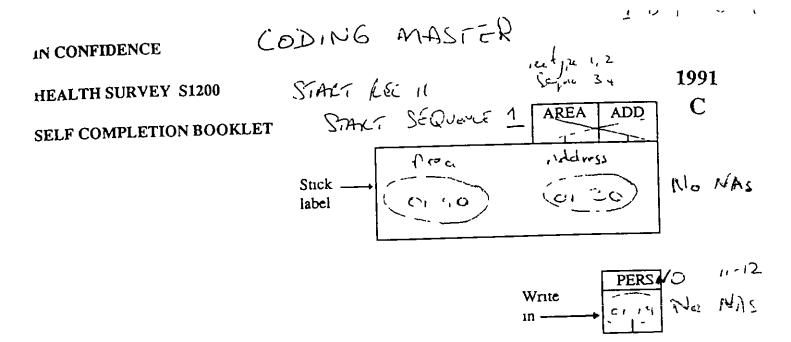


| To women aged 16 -<br>DNA others                                             | <b>49</b>                           | DNAWE                                                                     |               | (9) - Q4                                                                                                               |
|------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------|
| (May I check) Are yo                                                         |                                     |                                                                           |               | $\begin{array}{c} 1 \\ 2 \\ \downarrow P \\ 3 \end{array} \end{array} = \begin{array}{c} Q5 \\ - Q4 \\ 16 \end{array}$ |
| To all except pregna                                                         | nt women                            | WEIGHT                                                                    |               | Blank                                                                                                                  |
| Personal weight (kilo;                                                       | grams)                              |                                                                           | 25-180)       | · [0-9]-(c) 19                                                                                                         |
| (a) If weight refuse<br>reasons                                              | d, ring code and exp                | lain WEIGHR<br>OR                                                         | EF            | 9 - Q5<br>23-21                                                                                                        |
| <ul> <li>(b) Ring code if we because</li> <li>Code all that apply</li> </ul> | Informant canno<br>Informant is cha | NO (م) A IT M<br>steady on feet<br>ot stand upright<br>uirbound<br>below) | 4             | $\frac{1}{MC}$ $\frac{1}{MA}$ $\frac{1}{2}$ $\frac{1}{25 \cdot 3}$ $\frac{1}{3}$ $\frac{1}{25 \cdot 3}$                |
| (c) Ring code if so<br>Code all<br>that apply                                | _                                   | CARF<br>even floor                                                        | PETM1.2       | $\frac{1}{2}$                                                                                                          |
| (d) Record any sp<br>might have aff                                          | No special circu                    | that<br>CIRCI<br>umstances                                                | и <i>т-</i> ь | AC SC<br>9<br>1 May                                                                                                    |
| Code all<br>that apply                                                       | Informant canno<br>Informant need   | ot stand upright<br>ed support on/off sca<br>below)                       | ules          | 2 = 6<br>3 = 41 - 4 - 8                                                                                                |

| )  |                                                                                                     |         |        |     |
|----|-----------------------------------------------------------------------------------------------------|---------|--------|-----|
| 5. | ENTER FINISH TIME FOR MEASUREMENTS                                                                  | MINS    | NMEASM |     |
|    | FINISH TIME (24 hr clock) $(24 \text{ hr clock})$                                                   | (00,59) | 53     | 56  |
| 6. | Introduce Nurse Visit.<br>Complete nurse appointment form.<br>Leave appointment card for informant. |         |        |     |
| 7. | THANK INFORMANT FOR CO-OPERATION.                                                                   |         |        |     |
|    | ENJ RELOK) 9<br>ENJ SEQUENCE 3                                                                      |         |        |     |
|    | ENJ SEQUENCE 3                                                                                      |         |        |     |
|    |                                                                                                     |         |        |     |
|    |                                                                                                     |         |        |     |
|    |                                                                                                     |         |        |     |
|    |                                                                                                     |         |        |     |
|    |                                                                                                     |         |        |     |
|    |                                                                                                     | ļ       |        |     |
|    | 2                                                                                                   |         | ],     | 142 |

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Single Coried Thicken I Scort P1

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#### DRINKING EXPERIENCES

Please read each statement. Thinking about the last three months only, if you have had the experience tick ( $\checkmark$ ) the box next to the word 'yes'. If you have not had the experience in the last three months, tick ( $\checkmark$ ) the box next to the word 'no'.

1 I have felt that I ought to cut down on my drinking

| 1        | I have felt that I ought to cut down on my drinking                                        |          | 16-17                                                                |
|----------|--------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------|
|          | Deut                                                                                       | Yes      |                                                                      |
|          |                                                                                            | No       |                                                                      |
| 2        | I have felt ashamed or guilty about my drinking.                                           | <u> </u> |                                                                      |
|          |                                                                                            | Yes      | ·[]] ·8-/9                                                           |
|          | DGUILT                                                                                     | No       | ( → GO TO Q3                                                         |
|          |                                                                                            | NO       |                                                                      |
| 3        | People have annoyed me by criticising my drinking                                          |          |                                                                      |
|          | DERITIC                                                                                    | Yes      |                                                                      |
|          |                                                                                            | No       |                                                                      |
| 4        | I have found that my hands were shaking in the morning                                     |          |                                                                      |
|          | after drinking the previous night                                                          | Yes      |                                                                      |
|          | DSHAKES                                                                                    | No       | GO TO Q5                                                             |
| <u> </u> |                                                                                            |          |                                                                      |
| 5        | I have had a drink first thing in the morning to steady my nerves or get rid of a hangover |          | <u></u> 24-25                                                        |
|          | DNERVES                                                                                    | Yes      | $\begin{bmatrix} 1 \\ - 1 \end{bmatrix} \rightarrow \text{GO TO Q6}$ |
|          | Unice ves                                                                                  | No       |                                                                      |
| 6        | There have been occasions when I felt that I was unable                                    |          |                                                                      |
|          | to stop drinking                                                                           | Yes      | 26-27                                                                |
|          | DUNABLE                                                                                    | No       | GO TO Q7                                                             |
|          |                                                                                            |          |                                                                      |
| 7        | I have been very drunk                                                                     |          | 2829                                                                 |
|          |                                                                                            | Yes      | GO1O(a)                                                              |
|          | DRUNK                                                                                      | No       | $2 \rightarrow \text{TELL THE}$                                      |
|          |                                                                                            |          | THAT YOU HAVE                                                        |
|          |                                                                                            |          | FINISHED.                                                            |
|          | (a) If yes, please write in how many times in the last 3 months -                          |          | INTERVIEWER                                                          |
|          | DTIMES<br>KNIN DECONTIN FUI) SER                                                           |          | THAT YOU HAVE<br>FINISHED.                                           |
|          |                                                                                            |          | C= 1 BLANK ON THU                                                    |
|          | KAIN VERANTI VAU) SER                                                                      | JJE NI   |                                                                      |
|          |                                                                                            |          | 14                                                                   |

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START RECORD 12 SEQUENCE 1

#### **GENERAL HEALTH OVER THE LAST FEW WEEKS**

#### . Please read this carefully:

We should like to know how your health has been in general, <u>over the past few weeks</u>. Please answer ALL the questions by putting a tick  $(\checkmark)$  in the box containing the answer which you think most applies to you.

#### HAVE YOU RECENTLY:

| A | been able to concentrate                               | Better                | Same                  | Less than                 | Much less               |
|---|--------------------------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------|
|   | on whatever you're doing?                              | than usual            | as usual              | <u>usual</u>              | than usual              |
|   | CONCENT (                                              | i                     | 2                     | 3 1041                    | 4                       |
| В | lost much sleep over worry?                            | Not at all            | No more<br>than usual | Rather more               | Much more<br>than usual |
|   | SLEEP                                                  | 4 1                   | 2                     | 3 (VT)                    | 4                       |
| С | felt you were playing a useful part in things? 18-19   | More so<br>than usual | Same as<br>           | Less useful               | Much less<br>useful     |
|   | USEFUL                                                 | 1                     | 2                     | 3 (1/ 7)                  | 4                       |
| D | felt capable of making decisions about things? 20-21   | More so<br>than_usual | Same as<br>usual      | Less so                   | Much less               |
| _ | DECISION (                                             | 1                     | 2                     | 3 N+                      | 4                       |
| E | felt constantly under strain?                          | Not at all            | No more<br>than usual | Rather more               | Much more<br>than usual |
|   | STRAIN                                                 | 1                     | 2                     | 3 (V +)                   | 4                       |
| F | felt you couldn't overcome<br>your difficulties? 24 25 | Not at all            | No more<br>than usual | Rather more<br>than usual | Much more<br>than usual |
|   | OVERCOME                                               | 1                     | 2                     | 3 (i)                     | 4                       |

NOW PLEASE GO TO "G" ON THE NEXT PAGE.

...

# HAVE YOU RECENTLY:

-

| Ğ | been able to enjoy your<br>normal day-to-day activities?<br>26 27<br>ENJOY | More so<br>than usual | Same<br>as usual<br>2 | Less so<br>than usual<br>3 1431    | Much less<br>than usual              |
|---|----------------------------------------------------------------------------|-----------------------|-----------------------|------------------------------------|--------------------------------------|
| H | been able to face up to your<br>problems? 28-29<br>FACE                    | More so<br>than-usual | Same<br>as usual      | Less able<br>than usual<br>3 NA    | Much less                            |
| I | been feeling unhappy and<br>depressed? 30-31<br>UNHAPPY                    | Not at all            | No more<br>than usual | Rather more<br>than usual<br>3 (VH | Much more<br>than usual              |
| J | been losing confidence in<br>yourself? 32 33<br>CONFID                     | Not at all            | No more<br>than usual | Rather more<br>than usual          | Much more<br>than usual              |
| K | been thinking of yourself<br>as a worthless person? 34 35<br>WORTH         | Not at all            | No more<br>           | Rather more<br>than usual          | Much more<br>th <del>an us</del> ual |
| L | been feeling reasonably 34 37<br>happy, all things considered?<br>HAPPY    | More so<br>than usual | About same            | Less so than<br>Isual              | Much Less<br>than usual              |

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NOW PLEASE GO TO Q2 ON THE NEXT PAGE

| 2. | In general how much stress or pressure<br>have you experienced in your daily<br>living <u>in the last 4 weeks?</u><br>STRESS         | None<br>Just a little<br>A good bit<br>Quite a lot<br>A great deal | 38-39<br>3+GO TO Q3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. | To what extent do you feel that the stress<br>or pressure you have experienced in<br>your life has affected your health?<br>STRESSAF | Not at all<br>Slightly<br>Moderately<br>Quite a lot<br>Extremely   | 40.41 $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.41$ $40.4$ |

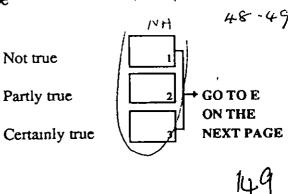
4. We would now like you to think about your family and friends. By family we mean those who live with you as well as those elsewhere

Here are some comments people have made about their family and friends. We would like you to say how far each statement is true for you.

A. There are people I know - amongst my family or friends -42-43 who do things to make me happy Not true HAPPY 1 🕂 GO ТО В Partly true 2 Certainly true B. There are people I know - amongst my family or friends -44-45 ٧Ĥ who make me feel loved Not true LOVED + GO TO C Partly true 2 Certainly true C. There are people I know - amongst my family or friends -46-47 who can be relied on no matter what happens ívH Not true RELY Partly true GO TO D 2 Certainly true

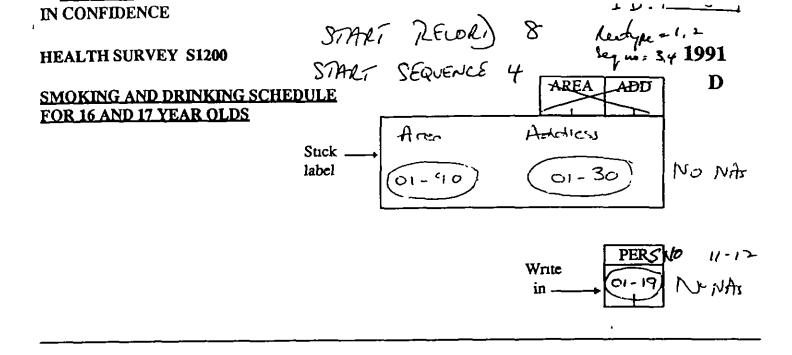
D. There are people I know - amongst my family or friends - who would see that I am taken care of if I needed to be

CARE .



| E. There are peop<br>who accept me | le I know - amongst my family<br>just as I am.                  | y or friends -                | (MA) 50-51                                                                                                                        |
|------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                    | 1                                                               | Not true                      | GOTOF                                                                                                                             |
|                                    | ACCEPT                                                          | Partly true<br>Certainly true |                                                                                                                                   |
|                                    | le I know - amongst my famil<br>feel an important part of their |                               | [MA] 52-5                                                                                                                         |
|                                    |                                                                 | Not true                      |                                                                                                                                   |
|                                    | IMPORT                                                          | Partly true                   | $2$ $\rightarrow$ GO TO G                                                                                                         |
|                                    |                                                                 | Certainly true                |                                                                                                                                   |
|                                    | le I know - amongst my famil                                    | y or friends -                | (NA)                                                                                                                              |
| who give me s                      | upport and encouragement.                                       | Not true                      | 54·5                                                                                                                              |
|                                    | SUPPORT                                                         | _ Partly true                 | GO TO Q5                                                                                                                          |
|                                    |                                                                 | Certainly true                |                                                                                                                                   |
| 5. Are you male or f               | emale?                                                          |                               | Ne NAS 56-57                                                                                                                      |
|                                    |                                                                 | Male                          | 1 60 ТО Q7                                                                                                                        |
|                                    | GENDU                                                           | ER Female                     | <u>2</u> + GO TO Q6                                                                                                               |
| 6. Are you still havin             | ng periods (menstruating)?                                      |                               | MA 58-50                                                                                                                          |
|                                    | PE                                                              | RIOD Yes                      | $\downarrow$ |
|                                    | ,                                                               | Ņo                            |                                                                                                                                   |
| 7. THANK YOU F                     | OR ANSWERING THESE (                                            | UESTIONS. NOW P               | LEASE RETURN                                                                                                                      |

EN) RECORD 12 EN) SEQUENCE 1



#### Please read this carefully:

1. Most questions on the following pages can be answered simply by putting a tick in the box next to the answer that applies to you.

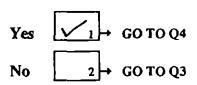
#### Example:

| Yes | $\checkmark_1$ |
|-----|----------------|
| No  | 2              |

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

2. After answering each question the box you have ticked has an arrow next to it with an instruction to go to another question.

Example:



By following the arrows carefully you will miss out same questions which do not apply to you.

1

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| IN CONFIDENCE                                                              | INDIC                                                     | 14-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SMOKING                                                                    |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. Have you ever smoked a cigaret                                          | te, a cigar or a pipe?                                    | Yes $1$ GO TO Q2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| -                                                                          | SNOKEVER                                                  | No<br>2<br>GO TO THE<br>DRINKING<br>QUESTIONS<br>PAGE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. Do you smoke cigarettes at all no                                       | owadays?                                                  | 18-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                            | SMOKENOW                                                  | Yes $\boxed{\begin{array}{c} & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\$ |
|                                                                            |                                                           | No 2 GO TO Q3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. Have you ever smoked cigarette                                          | s ?                                                       | 20-2(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| -                                                                          | ~                                                         | Yes GO TO (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                            | SMOKECIG                                                  | No<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (a) Did you smoke cigarettes rea                                           | gularly or occasionally? SMOKE                            | REG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                            | Regularly, that is at least one cigarette                 | 22-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                            | Occasionally                                              | DRINKING<br>QUESTIONS<br>PAGE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                            | I never really smoked cigarettes, just them once or twice | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CURRENT SMOKERS                                                            |                                                           | AF-ZI DLITPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ol> <li>About how many cigarettes a day<br/>smoke on weekdays?</li> </ol> | y do you usually DLYSMOK                                  | E (NA) 30.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                            | Write in no. smoked a day —                               | GO ТО Q5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. And about how many cigarettes smoke at weekends?                        | a day do you usually $UKNDSN$                             | 10K (NB) 32-33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                            | Write in no. smoked a day —                               | GO TO<br>DRINKING<br>QUESTIONS<br>PAGE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 152                                                                        | END SEQUENCE 4<br>RECORD 8                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| . •                                                                        | 2 RECORD 8                                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| DR     | RINKING                                                                                                                |                   |             | 8 -      | -         |                                                            |
|--------|------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|----------|-----------|------------------------------------------------------------|
| 1.     | Do you ever drink alcohol ne<br>you brew or make at home?                                                              | owadays, includi  |             | ,<br>INK | Yes<br>No | 14-15<br>GO TO Q3<br>1 NEXT PAGE<br>2 GO TO Q2             |
| <br>2. | Just to check, does that mean<br>nowadays, or do you have an<br>perhaps for medicinal purpo<br>Christmas and New Year? | າ ຈໄດວຄວາດ ດີກາກໃ | verv occasi | onally.  |           | IG-17<br>MA<br>GO TO Q3<br>NEXT PAGE<br>GO TO Q7<br>PAGE 8 |

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3. Thinking back to the last 12 months please tick ( $\checkmark$ ) the box that best describes how often you usually drank each of the alcoholic drinks listed below.

(PLEASE EXCLUDE ANY NON-ALCOHOLIC DRINKS OR LOW ALCOHOL DRINKS EXCEPT SHANDY).

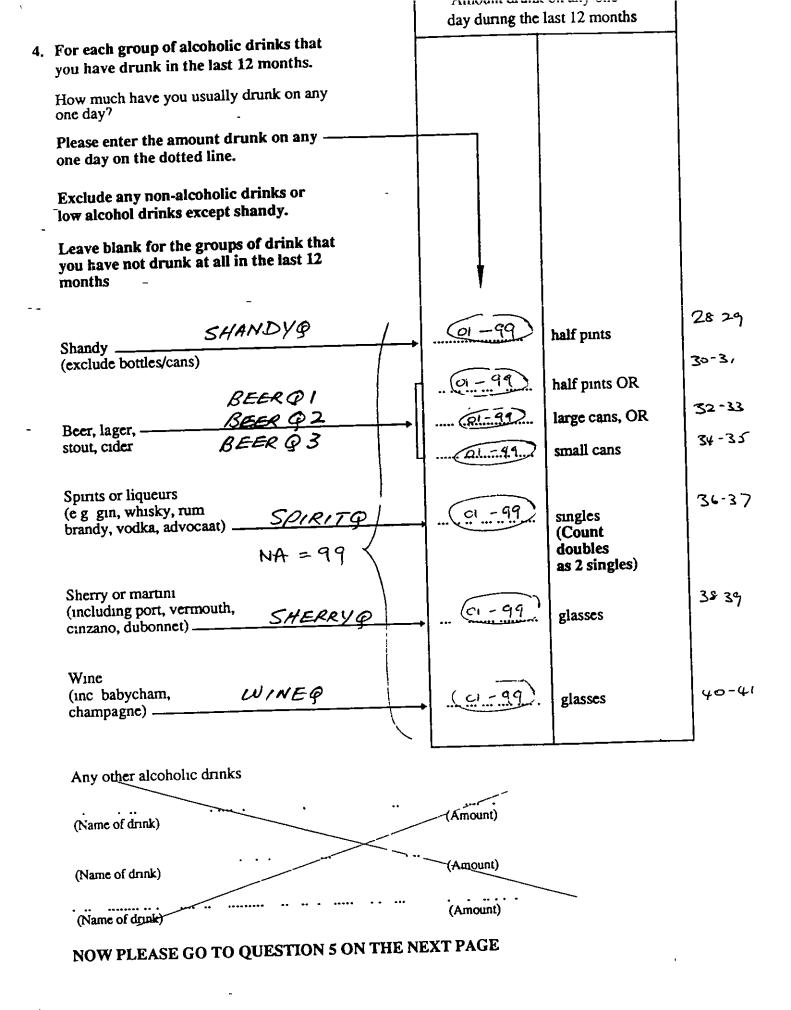
|                                                                                  | Almost<br>every<br>day | 5 or 6<br>days a<br>week                                                                                                    | 3 or 4<br>days<br>week | Once or<br>twice a<br>week | Once or<br>twice a<br>month | Once<br>every<br>couple of<br>months | Once or<br>twice a<br>year | Not at all<br>in last 12<br>months |
|----------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|-----------------------------|--------------------------------------|----------------------------|------------------------------------|
| SHANDY<br>Shandy<br>(exclude bottles/cans)                                       | 18-19                  | 2                                                                                                                           | 3                      | 4                          | 5                           | <u>6</u>                             | A                          | 8                                  |
| BEER<br>Beer, lager, stout, cider                                                | 20-21                  | 2                                                                                                                           | 3                      | 4                          | 5                           | 6 M                                  | A7                         | 8                                  |
| Spirits or liqueurs Spirits<br>e.g. gin, whisky, rum<br>brandy, vodka, advocaat) | 22-23                  | 2                                                                                                                           | 3                      | 4                          | 5                           | 6 M                                  | A 7                        | 8                                  |
| Sherry or martini SHERRY<br>including port, vermouth,<br>inzano, dubonnet)       | 24-25                  | 2                                                                                                                           | 3                      | 4                          | 5                           | 6 M                                  | A 7                        | 8                                  |
| Vine WINE<br>inc. babycham,<br>hampagne)                                         | 26-27                  |                                                                                                                             |                        | 4                          |                             | 6\v.I                                | 2                          |                                    |
| Any other alcoholic drinks                                                       |                        | E                                                                                                                           |                        |                            |                             | ted line and<br>the drink            | _                          |                                    |
| Not Keyed                                                                        |                        | $\begin{array}{ c } \hline 2 \\ \hline \end{array}$ | 3                      |                            | 5                           | 6                                    | 7                          | 8                                  |
| 154                                                                              | :                      | <u> </u>                                                                                                                    |                        |                            |                             |                                      |                            |                                    |

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#### **NOW PLEASE GO TO QUESTION 4 ON THE NEXT PAGE**



| 5. | Thinking now about all kinds of drinks, how often have    |           |
|----|-----------------------------------------------------------|-----------|
|    | you had an alcoholic drink of any kind during the last 12 | LIKINKOFI |
|    | months?                                                   | -         |

| Almost every day                 |   |
|----------------------------------|---|
| Five or six days a week          |   |
| Three or four days a week        | Ĺ |
| Once or twice a week             | ſ |
| Once or twice a month            | Ĺ |
| Once every couple of months      | Ĺ |
| Once or twice a year             |   |
| Not at all in the last 12 months | Ĺ |
|                                  |   |

# NA 2 3 4 5 6 7 8

# NOW PLEASE GO TO QUESTION 6 ON THE NEXT PAGE.

EN) REC 8 EN) SEQUENCE

5

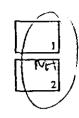
151

|   | 6. | Ple        | START REC 11<br>START SEQUENCE<br>lease read each statement. Thinking about the last three months only, if                                                                                                                                    | 1                   |
|---|----|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|   |    | yoı<br>yoı | bu have had the experience tick ( $\checkmark$ ) the box next to the word 'yes'. If<br>bu have not had the experience in the last three months, tick ( $\checkmark$ ) the<br>box next to the word 'no'.<br>$NL$ ( $\mu\mu\lambda$ 14-15 B ANK |                     |
|   |    | A          | I have felt that I ought to cut down on my drinking.<br>Yes                                                                                                                                                                                   | s [1] 60            |
| - |    |            | Deut No                                                                                                                                                                                                                                       |                     |
|   |    | В          | I have felt ashamed or guilty about my drinking.<br>Yes                                                                                                                                                                                       | 11 GO               |
|   |    |            | DGUILT No                                                                                                                                                                                                                                     |                     |
| - |    | C.         | People have annoyed me by criticising my drinking.<br>Yes                                                                                                                                                                                     |                     |
|   |    |            | DCRITIC No                                                                                                                                                                                                                                    | 2                   |
|   |    | D.         | I have found that my hands were shaking in the morning<br>after drinking the previous night.<br>Yes                                                                                                                                           |                     |
|   |    |            | DSHAKES No                                                                                                                                                                                                                                    |                     |
|   |    | E          | I have had a drink first thing in the morning to steady my<br>nerves or get rid of a hangover<br>Yes                                                                                                                                          | 24-25               |
|   |    |            | DNERVES                                                                                                                                                                                                                                       | TO<br>F<br>2        |
|   |    | F          | There have been occasions when I felt that I was unable to stop drinking Yes                                                                                                                                                                  | 26 27               |
|   |    | -          | DUNABLE No                                                                                                                                                                                                                                    |                     |
|   |    | G          | I have been very drunk<br>Yes                                                                                                                                                                                                                 |                     |
|   |    |            | DRUNK No                                                                                                                                                                                                                                      | WA 2 28 29          |
|   | ļ  | (a)        | If yes, please write in how many times in the last 3 months                                                                                                                                                                                   | NA<br>01-99 - 30-31 |
|   |    |            | THANK YOU. NOW PLEASE RETURN THIS BOOKLET TO THE IT         7       7                                                                                                                                                                         | ~ ∫                 |

7. Have you always been a non-drinker or did you stop drinking for some reason?

ALWAYSTT

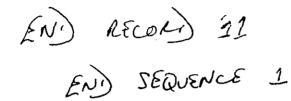
Always a non-drinker



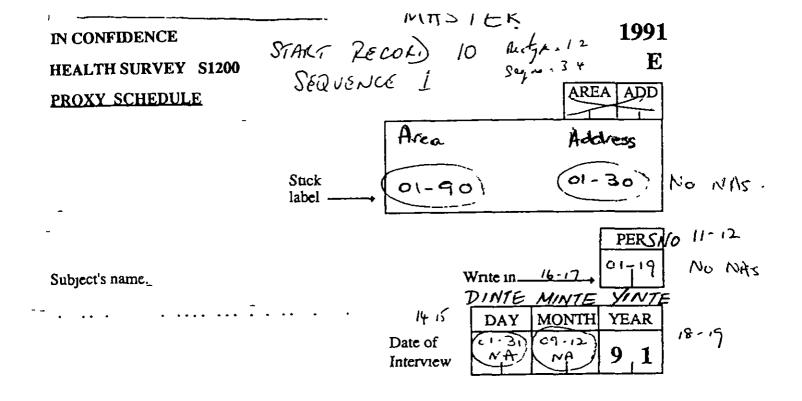
32-33

Used to drink, but stopped

THANK YOU. NOW PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER



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| INTERVIEWER CODE |                                                                                               |                                    |        |
|------------------|-----------------------------------------------------------------------------------------------|------------------------------------|--------|
|                  | person who gave the proxy information<br>$\begin{array}{cccccccccccccccccccccccccccccccccccc$ | 1<br>NA<br>2<br>3<br>4<br>5<br>6-9 | 20-2-( |
|                  | ***************************************                                                       | ĺ                                  |        |



### [ BLANK PAGE]



| GEN | ERAL HEALTH                                                                                                                                                                                                                                                                          | -                                 |                                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|
| 1.  | How is . 's health in general? Would you say it was<br>GEN He<br>very good<br>good<br>fair<br>fair<br>or very bad?<br>DK                                                                                                                                                             |                                   | 22-23                                                     |
| 2   | Does                                                                                                                                                                                                                                                                                 | ity?<br>er<br>f                   | 24-25<br>Q3<br>Q4                                         |
| 3.  | What is the matter with?<br>ILLASEM $NA = C$                                                                                                                                                                                                                                         | MC<br>01-40<br>4-1-42<br>19<br>99 | 26-37<br>Max MC<br>= 6<br>SC                              |
| 4   | Now I'd like you to think about the 2 weeks ending yesterday<br>During those 2 weeks did have to cut down on any of the<br>things he/she usually does (about the house or at work or in his<br>free time) because of (answer at Q3 or some other) illness or<br>injury?<br>Yes<br>No |                                   | 38-39<br>GO TO<br>CARDIO<br>VASCULAR<br>DISEASE<br>PAGE 4 |

### CARDIOVASCULAR DISEASE

| Pres                                                                                                                                                                                                                                                                                                                                                  | mble:                                                                                                                                                                                            |                                                              |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|
| You<br>like                                                                                                                                                                                                                                                                                                                                           | have already talked to me about's health, and now I would<br>to go on and talk in more detail about some particular conditions.<br>y may include some of the things you have already mentioned.) | HIGH BLOOD<br>PRESSURE<br>(sometimes called<br>hypertension) |                     |
| 1 1                                                                                                                                                                                                                                                                                                                                                   | CVD CONDITIONS                                                                                                                                                                                   |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       | Ask or record                                                                                                                                                                                    | EVERBPE<br>40-41                                             |                     |
|                                                                                                                                                                                                                                                                                                                                                       | Doesnow have or has <u>ever</u> had any of the following conditions?                                                                                                                             | 40 - 41                                                      |                     |
|                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                                                                                                                              |                                                              |                     |
| ŕ                                                                                                                                                                                                                                                                                                                                                     | No                                                                                                                                                                                               |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       | NO                                                                                                                                                                                               | 9<br>NB                                                      |                     |
|                                                                                                                                                                                                                                                                                                                                                       | DK                                                                                                                                                                                               | 8                                                            |                     |
| 2.                                                                                                                                                                                                                                                                                                                                                    | To all who have ever had angina, heart attack, other heart                                                                                                                                       |                                                              |                     |
| n<br>Al Maria II. A                                                                                                                                                                                                                                                                                                                                   | trouble or stroke (codes 2, 3, 4, or 5 ringed at Q1)                                                                                                                                             | DNASTRIQE<br>52-53                                           |                     |
| •                                                                                                                                                                                                                                                                                                                                                     | DNA, codes 2, 3, 4 or 5 not                                                                                                                                                                      | 52-53                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                       | ringed at Q1                                                                                                                                                                                     | (9)                                                          | See                 |
|                                                                                                                                                                                                                                                                                                                                                       | Is currently taking any medicines, tablets, or pills                                                                                                                                             |                                                              | Q4                  |
|                                                                                                                                                                                                                                                                                                                                                       | because of his/her (heart condition/stroke)?                                                                                                                                                     | MEDHARTE<br>S4-25                                            |                     |
|                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                                                                                                                              |                                                              | 1                   |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                              | _                   |
|                                                                                                                                                                                                                                                                                                                                                       | No                                                                                                                                                                                               | 2<br>7A-1                                                    | - See<br>Q3         |
| · .                                                                                                                                                                                                                                                                                                                                                   | DK                                                                                                                                                                                               | 3                                                            |                     |
| 3.                                                                                                                                                                                                                                                                                                                                                    | To all who ever had angina, heart attack or other                                                                                                                                                |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       | heart trouble (codes 2, 3, or 4 ringed atQ1)                                                                                                                                                     | DNAEVERE                                                     |                     |
|                                                                                                                                                                                                                                                                                                                                                       | DNA, codes 2, 3, or 4 not                                                                                                                                                                        | 56-57                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                       | ringed at Q1                                                                                                                                                                                     | (9)                                                          | See<br>Q4           |
|                                                                                                                                                                                                                                                                                                                                                       | Hasever undergone any surgery or operation                                                                                                                                                       |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       | because of his/her heart condition?                                                                                                                                                              | SURGERYE<br>58-59                                            |                     |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                              | 1<br>1              |
|                                                                                                                                                                                                                                                                                                                                                       | A VJ                                                                                                                                                                                             |                                                              |                     |
| 16-1                                                                                                                                                                                                                                                                                                                                                  | No                                                                                                                                                                                               | 2                                                            | -See<br>Q4          |
| <b>U</b>                                                                                                                                                                                                                                                                                                                                              | DK                                                                                                                                                                                               | NA<br>3                                                      | Carlo Santa - Marth |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                              |                     |
| A STREET STRE<br>STREET STREET STREET<br>STREET STREET |                                                                                                                                                                                                  |                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                       | 4                                                                                                                                                                                                |                                                              |                     |

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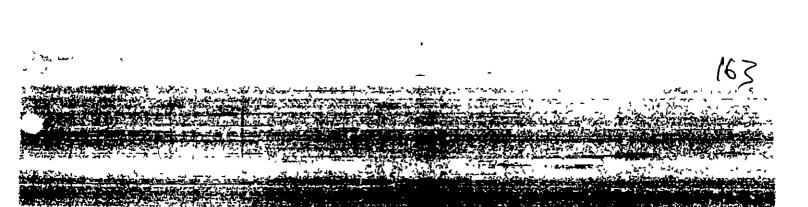
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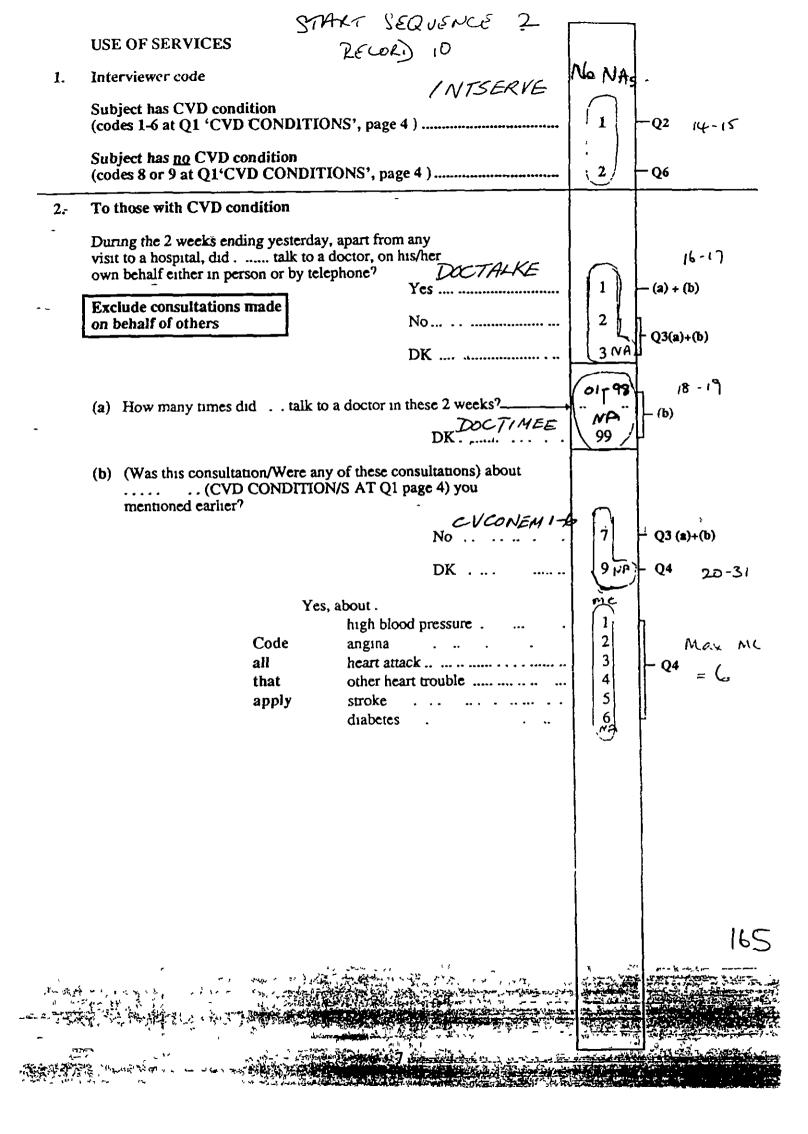
# CVD CONDITIONS

| ANGINA                                    | HEART ATTACK<br>(including myocardial<br>infarction or coronary<br>thrombosis) | OTHER HEART<br>TROUBLE<br>(including heart murmur<br>damaged heart valves or<br>rapid heart)<br>(specify at (a) below) | STROKE                                 | DIABETES                              |  |  |
|-------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|--|--|
| EVERANGE<br>42-43<br>- 21<br>9<br>NA<br>8 | EVERHRTE<br>44-45<br>3<br>9<br>MA<br>8                                         | EVER OTHE<br>46 - 47<br>4<br>9<br>WAT 8                                                                                | EVRSTROE<br>48-49<br>5<br>9<br>MA<br>8 | EVERDIE<br>50-51<br>6<br>9<br>NA<br>8 |  |  |

### (a) Other heart trouble:



|      |                                                                                                                                                                                                                                     |                   | ]                                                                                                              |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|
| •    | To all who have ever had high blood pressure(code 1 ringed at Q1 on page 4)DNABPE                                                                                                                                                   |                   | 60-61                                                                                                          |
|      | DNA, code 1 not ringed at Q1                                                                                                                                                                                                        | . (9)             | - See Q5                                                                                                       |
|      | Is currently taking any medicines, tablets<br>or pills for high blood pressure?<br>MDCINBAE                                                                                                                                         |                   |                                                                                                                |
|      | Yes                                                                                                                                                                                                                                 | . 1               | 62-63                                                                                                          |
|      | No                                                                                                                                                                                                                                  | . 2               | - See Q5                                                                                                       |
|      | DK                                                                                                                                                                                                                                  | . 31              | H                                                                                                              |
|      | To all who have <u>ever</u> had diabetes (code 6 ringed at Q1                                                                                                                                                                       |                   |                                                                                                                |
|      | on page 4) DNADIABE                                                                                                                                                                                                                 |                   | 64 - 65                                                                                                        |
|      | DNA, code 6 not ringed at Q1                                                                                                                                                                                                        | . (9)             | - GO TO USE OF<br>SERVICES PAGE 7                                                                              |
|      | Does currently inject insulin for diabetes?                                                                                                                                                                                         | $  \cap$          |                                                                                                                |
|      | Yes INSULINE                                                                                                                                                                                                                        |                   |                                                                                                                |
|      | n en                                                                                                                                                                                            | . 2               | 66-67                                                                                                          |
|      | na na serie de la companya de la com<br>Companya de la companya de la company | . 3               |                                                                                                                |
|      | Is currently taking any medicines, tablets<br>or pills (other than insulin injections) for diabetes?<br>MDCINDIE<br>Yes<br>No<br>DK                                                                                                 | 1<br>Ne<br>2<br>3 | 68.69                                                                                                          |
|      | END SEQUENCE 1                                                                                                                                                                                                                      |                   |                                                                                                                |
|      | RECOR) 10                                                                                                                                                                                                                           |                   | -                                                                                                              |
|      |                                                                                                                                                                                                                                     |                   |                                                                                                                |
|      |                                                                                                                                                                                                                                     |                   |                                                                                                                |
|      |                                                                                                                                                                                                                                     |                   |                                                                                                                |
| <br> | 164                                                                                                                                                                                                                                 |                   |                                                                                                                |
|      |                                                                                                                                                                                                                                     |                   | an a                                                                       |
| *# 5 | 6                                                                                                                                                                                                                                   |                   | Na serie de la companya de la compa |



|                                                          | A HARD ST                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                      |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------|
| talke                                                    | d to a doctor on his/her<br>NDITION/S AT Q1 pa                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 32-33                                                                                                                |
|                                                          | Less than 2 wee                                                                                                                                                                                                                                                                                                                                        | ks agoX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\cap$             | Go back to Q2                                                                                                        |
| Prompt                                                   |                                                                                                                                                                                                                                                                                                                                                        | s than a month ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 7                                                                                                                    |
| as                                                       |                                                                                                                                                                                                                                                                                                                                                        | s than 3 months ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2                  |                                                                                                                      |
| necessar                                                 | •                                                                                                                                                                                                                                                                                                                                                      | ss than 6 months ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                  | - (b)                                                                                                                |
|                                                          | 6 months but les                                                                                                                                                                                                                                                                                                                                       | ss than a year ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                      |
|                                                          | •                                                                                                                                                                                                                                                                                                                                                      | ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 (<br>9 NA        | ⊣<br>- Q4                                                                                                            |
|                                                          | Record answer if onl<br>Q1 'CVD CONDITI                                                                                                                                                                                                                                                                                                                | y one condition reported at<br>ONS' page 4. Ask question<br>tion coded at Q1'CVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                                      |
| (b) Which cor                                            | dition was this consul                                                                                                                                                                                                                                                                                                                                 | ltation about?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\frown$           | 34-45                                                                                                                |
|                                                          | Code                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\left\{ \right\}$ |                                                                                                                      |
|                                                          | -                                                                                                                                                                                                                                                                                                                                                      | high blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                  |                                                                                                                      |
|                                                          | all                                                                                                                                                                                                                                                                                                                                                    | angina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                  | Max MC                                                                                                               |
|                                                          | that                                                                                                                                                                                                                                                                                                                                                   | heart attack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12gt               | -04 = 6                                                                                                              |
|                                                          | apply                                                                                                                                                                                                                                                                                                                                                  | other heart trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                  |                                                                                                                      |
| · · · ·                                                  | Alge Age Avenetikasi kara salah s<br>Tanan salah sala<br>Salah salah sal | stroke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5                  |                                                                                                                      |
| and the second second                                    | n an                                                                                                                                                                                                                                                                                                               | diabetes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6                  |                                                                                                                      |
| (DATE 1 YEA<br>casualty, out-j<br>(a) Was this 1         | t 12 months, that is sin<br>AR AGO), didat<br>patient or day-patient?<br>because of his/her<br>ONDITION/S AT Q1 p                                                                                                                                                                                                                                      | tend hospital as a<br>Yes<br>No<br>DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | - (a)<br>4-6 - 47<br>- Q5<br>4-8-49<br>- Q5                                                                          |
|                                                          | t 12 months, has<br>it, overnight or longer                                                                                                                                                                                                                                                                                                            | · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | - (a)                                                                                                                |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                  | GO TO SMOKING                                                                                                        |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NA                 | PAGE 10                                                                                                              |
|                                                          | because of his/her<br>ONDITION/S AT Q1 j                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 52-53                                                                                                                |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        | I CS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -<br>NA            |                                                                                                                      |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                  | GO TO SMOKI                                                                                                          |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | FAUL IU                                                                                                              |
|                                                          |                                                                                                                                                                                                                                                                                                                                                        | <b>DK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                  |                                                                                                                      |
| and the second second                                    | an a                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Server V S                                                                                                           |
| A BAR BELEVER BAR BAR BAR BAR AND I THE REAL PROPERTY IN | <del>مار و از ا</del> بله ا <del>ی را در ا</del> ند میکند. در این میکند از طرید این انگردند. و                                                                                                                                                                                                                                                         | and a state of the |                    | د اور الدور الدينية المراجع المراجع <b>المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا</b> |

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| 5.           | To those wit                                            | h <u>no</u> CVD condit                                                                                                                                                      | ion                                                                                                           |                         | -                                     |                            |                                                                             |
|--------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|----------------------------|-----------------------------------------------------------------------------|
|              | visit to a hosp                                         | weeks ending yest<br>outal, did . talk t<br>ther in person or b                                                                                                             | o a doctor, on h                                                                                              | is/her                  | 100 V <u>1</u> E                      | $\sqrt{1}$                 | 5-4-55<br>~ (a)                                                             |
|              | Exclude cons<br>on behalf of                            | sultations made<br>others                                                                                                                                                   |                                                                                                               |                         | • ••••••                              | 2                          | ~ Q7                                                                        |
| -            | (a) How ma                                              | ny tımes did                                                                                                                                                                | talk to a docto                                                                                               | or in these 2           | OCV ZE<br>weeks?                      | 3 NR<br>01-98<br>NA<br>99  | - GO TO SMOKING<br>ON NEXT PAGE<br>5:6:-57<br>GO TO SMOKING<br>ON NEXT PAGE |
| <u>. 7</u> . | Apart from a<br>turne talk<br>Prompt<br>as<br>necessary | ny visit to a hospit<br>ed to a doctor on h<br>Less than 2 week<br>2 weeks but less<br>1 month but less<br>3 months but less<br>6 months but less<br>A year or more a<br>DK | is/her own beha<br>ts ago<br>than a month ag<br>than 3 months a<br>s than 6 months<br>s than a year ago<br>go | 30<br>ago<br>ago<br>ago | ····· · · · · · · · · · · · · · · · · | 1<br>2<br>3<br>4<br>5<br>9 | 58-59<br>- Go back to Q6<br>GO TO SMOKENG<br>ON NEXT PAGE                   |

.



|    | SMOKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b></b>                               |                                        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 60 - 61                                |
| 1. | Does smoke cigarettes at all nowadays? SMOKNOWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
|    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | Current cig<br>- Smoker go<br>to Q3    |
|    | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                     | - Q2                                   |
|    | DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3NA)                                  | GO TO<br>- DRINKING<br>ON NEXT<br>PAGE |
| 2. | Has ever smoked cigarettes? SMOK.CIGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\bigcirc$                            | 62-63                                  |
|    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I NA I                                | GO TO<br>DRINKING                      |
|    | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | ON NEXT<br>PAGE                        |
|    | DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                     | J                                      |
|    | CURRENT SMOKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
| 3. | About how many cigarettes a day does usually $DYSMOKEE$ smoke on weekdays?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 64-65                                  |
|    | No. smoked a day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01-98                                 |                                        |
|    | Less than 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00                                    |                                        |
|    | DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                        |
| 4. | And about how many cigarettes a day does usually smoke at weekends?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 66-67                                  |
|    | WKNDSMKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01-98                                 | . ,                                    |
|    | No. smoked a day — — →                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ····· 1 ·····                         |                                        |
|    | Less than 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00<br>NA                              |                                        |
|    | DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 99                                    |                                        |
|    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                        |
|    | ENJ SEQUENCE 2<br>RECORD 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                      |
|    | Kelons IV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                        |
|    | 168 100 March 10 |                                       |                                        |

| -         |                                                                                                                                                                                   |                                  |                                   |                                                        |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|--------------------------------------------------------|
| JE        |                                                                                                                                                                                   | SÉQUENCE 3                       |                                   |                                                        |
|           |                                                                                                                                                                                   | RECORD 10                        | <u> </u>                          |                                                        |
| 1.        | Does ever drink alcohol now drinks he/she brews or makes at ho                                                                                                                    | adays, including<br>me? DRINKE   |                                   | 14-15                                                  |
|           |                                                                                                                                                                                   | Yes                              | $\begin{bmatrix} 1 \end{bmatrix}$ | - Q3                                                   |
|           |                                                                                                                                                                                   |                                  |                                   | _                                                      |
|           |                                                                                                                                                                                   | No                               | 2                                 | - Q2<br>GO TO                                          |
| -         | -                                                                                                                                                                                 | DK                               | 3 NA                              | CLASSIFICATION<br>PAGE 12                              |
| <b>2.</b> | Could I just check, does that mean<br>an alcoholic drink nowadays, or do<br>an alcoholic-drink very occasionall<br>medicinal purposes or on special oc<br>Christmas and New Year? | es he/she have                   | 1<br>2<br>3 MA                    | /6 - 17<br>-Q3<br>GO TO<br>- CLASSIFICATION<br>PAGE 12 |
| 3.        | How often has had an alcoh-<br>kind during the last 12 months?                                                                                                                    |                                  |                                   |                                                        |
|           | _                                                                                                                                                                                 | DRNKOFTE                         | $\square$                         |                                                        |
|           | Show Card F                                                                                                                                                                       | Almost every day                 | 1                                 |                                                        |
|           |                                                                                                                                                                                   | Five or six days a week          | 2<br>MA                           | 1.G 19                                                 |
|           |                                                                                                                                                                                   | Three or four days a week        | 3                                 | 18-17                                                  |
|           |                                                                                                                                                                                   | Once or twice a week             | 4                                 |                                                        |
|           |                                                                                                                                                                                   | Once or twice a month            | 5                                 |                                                        |
|           |                                                                                                                                                                                   | Once every couple of months      | 6                                 |                                                        |
|           |                                                                                                                                                                                   | Once or twice in the year        | 7                                 |                                                        |
|           |                                                                                                                                                                                   | Not at all in the last 12 months | 8                                 |                                                        |
|           |                                                                                                                                                                                   | DK                               | 9                                 |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   | ]                                                      |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           |                                                                                                                                                                                   |                                  |                                   | ,                                                      |
|           |                                                                                                                                                                                   |                                  |                                   |                                                        |
|           | -<br>-                                                                                                                                                                            |                                  |                                   | ]                                                      |
|           | <b>2</b> .                                                                                                                                                                        |                                  |                                   | 169                                                    |

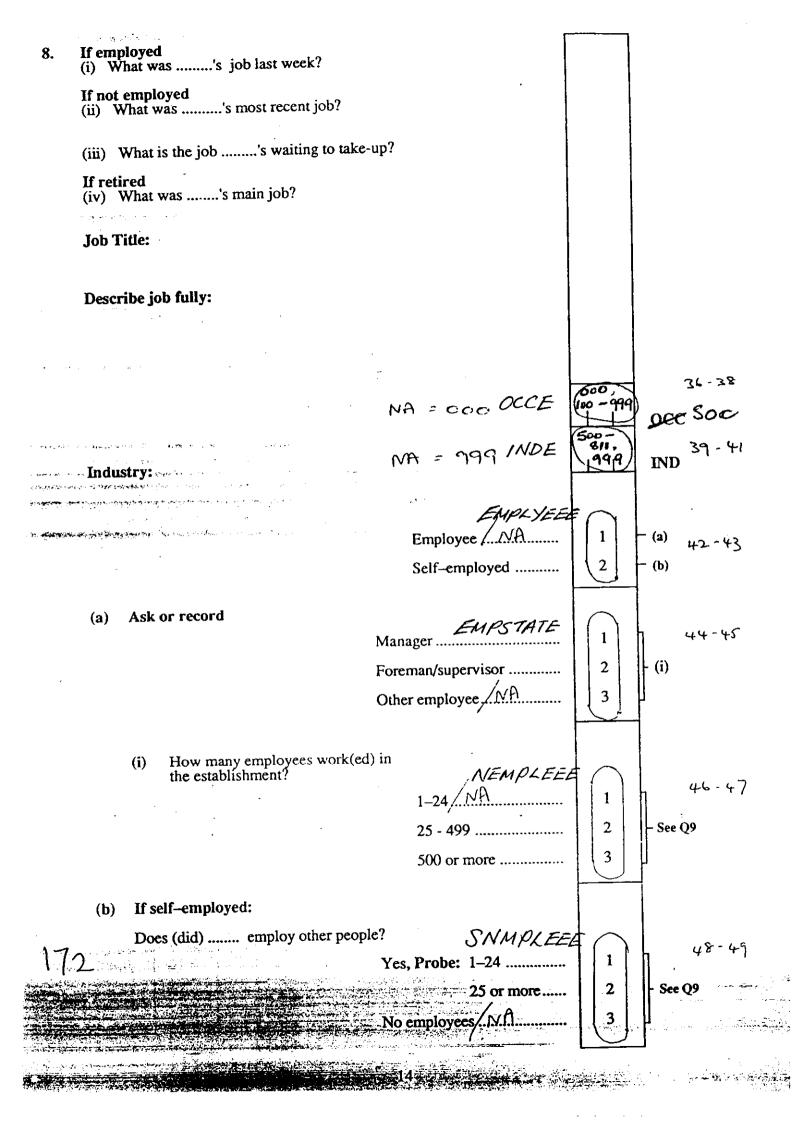
# CLASSIFICATION

| Emj                         | ployment Status                                                                                                 |                                                     |                                                |                 | 7            |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|-----------------|--------------|
| 1.                          | May I just chec<br>self-employed i                                                                              | k, was in paid emplo<br>in the week ending last Sun | yment or<br>day? WRK LAS                       | STE Nº NA       | 20-21        |
|                             |                                                                                                                 | y number of hours                                   | Yes                                            | <b>  ∉ _</b> `1 | - Q2         |
|                             | Ļ                                                                                                               |                                                     | No                                             |                 | - Q3         |
| 2.                          | Was wo                                                                                                          | orking full time or part time                       | ? THRTYR<br>Full time                          | 11.1            |              |
|                             | Full time = more than 30 hrs<br>Part time = 30 hrs or less                                                      |                                                     | Part time                                      |                 | 22-23<br>-Q4 |
|                             | L                                                                                                               |                                                     | DK                                             |                 | μ            |
| 3.                          | Last week was                                                                                                   | ······                                              | · · ·                                          |                 |              |
| . '                         |                                                                                                                 | waiting to take up a jo                             | iu uiac                                        | OBE Nº NA       |              |
|                             |                                                                                                                 | he/she had already o                                | obtained?                                      | · [[            | - Q4         |
| <b>e</b> .'                 | unter a ser a s | intending to look for y                             | work but prevented by                          |                 |              |
|                             |                                                                                                                 | temporary sickness<br>(Check 28 days                | or injury?                                     |                 | 24-25        |
|                             | Code<br>first                                                                                                   | going to school or col<br>(use only for per         | lege full time?<br>sons aged 16 - 49)          | 4               | h 24, 23     |
|                             | that                                                                                                            | permanently unable to                               | work because of long te                        | 11              | - Q7         |
|                             | applies                                                                                                         | sickness or disability?<br>(use only for men        | aged 16-64 + women 16                          | 5 - 59) 5       |              |
|                             |                                                                                                                 | retired?<br>(for women check :<br>code only if ston | age stopped work and u<br>ped when 50 or over) | use this 6      | Q8(iv)       |
|                             |                                                                                                                 |                                                     | e or family?                                   |                 |              |
|                             |                                                                                                                 |                                                     | nething else? (specify)                        | 1               |              |
|                             |                                                                                                                 |                                                     |                                                |                 |              |
| 4.                          | To those aged                                                                                                   |                                                     | DNASC                                          | DE              |              |
|                             | to more ages                                                                                                    | · .                                                 | or over                                        |                 | - Q5         |
|                             | Is at present attending a school or college full time?                                                          |                                                     |                                                | POLE            |              |
|                             |                                                                                                                 |                                                     | Yes                                            |                 | -Q5 28-2     |
|                             |                                                                                                                 |                                                     | No                                             |                 | j µ          |
|                             |                                                                                                                 |                                                     |                                                |                 |              |
|                             |                                                                                                                 |                                                     | •                                              |                 | ·            |
| د<br>میگیر کر<br>مراجع دکار | an a                                                                        |                                                     |                                                | 1               |              |
|                             |                                                                                                                 | in an           |                                                |                 |              |

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| 5.              | Interviewer.code                                                                 | INTEMPE                                                                                                                 | NONA                    | ]                                   |
|-----------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|
|                 | Person in employment last week                                                   |                                                                                                                         |                         | – Q8(i)                             |
|                 | Person not in employment last w<br>but waiting to take up job (                  |                                                                                                                         | 2                       | 30-31<br>- Q6                       |
|                 | _                                                                                |                                                                                                                         |                         |                                     |
| -               | Others (Q3 page $12 = 2-8$ )                                                     | ······································                                                                                  | 3                       | - Q7                                |
| 6.              | Apart from the job is waiting to take-up, h he/she ever been in paid employment? | as<br>OTHPAIDE                                                                                                          | NUNA                    | s<br>32-33                          |
|                 | -                                                                                | Ycs                                                                                                                     |                         | — Q8(ii)                            |
|                 |                                                                                  | No<br>DK                                                                                                                | 23                      | ー Q8(iii)<br>ー Q8(iii )             |
| 7.              | Has ever been in paid employment?                                                | EURPAIDE                                                                                                                |                         |                                     |
| -               |                                                                                  | Yes                                                                                                                     | 1                       | - Q8(ii) 34-35                      |
|                 |                                                                                  | No                                                                                                                      | 2                       | - See Q9                            |
|                 |                                                                                  | DK                                                                                                                      | 3 NA)                   |                                     |
|                 |                                                                                  | <i>.</i>                                                                                                                |                         | -                                   |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  |                                                                                                                         |                         |                                     |
|                 |                                                                                  | ```````````````````````````````````````                                                                                 | -                       | ب القور بالاربية                    |
|                 | a 1622 mar to the transfer and the second                                        | کونہ بند د<br>11<br>مرکز <u>ترکی کو مرکز کو کر کر کر کر کر کار کر کار کر کار کر کر</u> | A Charles and A Charles | 171                                 |
|                 |                                                                                  |                                                                                                                         | Sector States           |                                     |
| ۳<br>مرد ۱۰ مرب |                                                                                  |                                                                                                                         |                         |                                     |
|                 | ایی به حطورینها<br>۹۹. به به ا                                                   | and the coller filled and the                                                                                           |                         | And and a start and a second second |

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| 9          |                                      | ployed last week (coded 1, 2, or 3 at Q3 page 12)<br>DNAEMPEDNA, others<br>ogether has      | 9<br>1<br>2<br>2<br>2<br>2<br>3<br>4<br>0       | 50 - 51<br>- Q10<br>52 - 53<br>- Q10 |
|------------|--------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
|            |                                      | DK                                                                                          | لو)                                             |                                      |
| Edu<br>10. | At what age<br>education at          | did finish his/her continuous full-time         school or college?         Not yet finished | 1<br>2<br>3<br>4<br>MA<br>5<br>6<br>7<br>8<br>9 | 54 - 55                              |
|            | می بعد<br>بیست م<br>برج ک پنجی مدا م |                                                                                             |                                                 | . 173                                |

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|                              |                                                                                                                                                                                                                                                                                                                                                         |                                          |                | . /**            |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|------------------|
| Place of birth               |                                                                                                                                                                                                                                                                                                                                                         | POBE                                     |                |                  |
| 11. In which country         | y was born?                                                                                                                                                                                                                                                                                                                                             | England                                  | 1              |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | Scotland                                 | 2              |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | Wales                                    | 3              | 56-57            |
|                              |                                                                                                                                                                                                                                                                                                                                                         | N. Ireland                               | <b>NA</b><br>4 |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | Outside UK                               | 5              |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | DK                                       | 9              |                  |
| 13. To which of the consider | groups listed on this card do yo<br>belongs?                                                                                                                                                                                                                                                                                                            | DU                                       |                | · ·              |
|                              |                                                                                                                                                                                                                                                                                                                                                         | ETHNICE                                  | $\cap$         |                  |
| • 5                          | how Card K White                                                                                                                                                                                                                                                                                                                                        | ETHNICE                                  | 1<br>MA        | 58-59            |
|                              | Black - Car                                                                                                                                                                                                                                                                                                                                             | ibbean                                   | 2              | -Q14             |
|                              | Black - Afr                                                                                                                                                                                                                                                                                                                                             | ican                                     | 3              | ]                |
| <b>x</b>                     | Black - Oth                                                                                                                                                                                                                                                                                                                                             | er                                       | 4              | - SPECIFY AT (a) |
|                              | Indian                                                                                                                                                                                                                                                                                                                                                  |                                          | 5              | ]                |
|                              | Pakistani                                                                                                                                                                                                                                                                                                                                               | •••••                                    | 6              | - Q14            |
|                              | Bangladesh                                                                                                                                                                                                                                                                                                                                              | ii                                       | 7              |                  |
|                              | Chinese                                                                                                                                                                                                                                                                                                                                                 |                                          | 8              |                  |
|                              | None of the                                                                                                                                                                                                                                                                                                                                             | ese                                      | 9-4            | - SPECIFY AT (2) |
|                              |                                                                                                                                                                                                                                                                                                                                                         |                                          | 12             |                  |
|                              | lf 'Black- Other' or 'None of t                                                                                                                                                                                                                                                                                                                         | hese'                                    |                |                  |
|                              | (a) How would you describe to group to which belo                                                                                                                                                                                                                                                                                                       |                                          |                |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         |                                          |                |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | •••••                                    |                |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         |                                          |                |                  |
| 14. THANK INF                | ORMANT FOR CO-OPERAT                                                                                                                                                                                                                                                                                                                                    | rion.                                    |                |                  |
|                              | END SEQUE                                                                                                                                                                                                                                                                                                                                               | ince 3                                   |                |                  |
| 174                          | ZECORD                                                                                                                                                                                                                                                                                                                                                  | 10 .                                     |                |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         |                                          |                |                  |
|                              | nego za stranova za stranov<br>Na stranova za stranova za stranova stranova za stranova za stranova za stranova za stranova za stranova za stra<br>Na stranova za s | an a |                |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                         | .16 - <b> </b>                           |                |                  |

# HEALTH SURVEY FOR ENGLAND: 1991

Derived Variables created in SPSS database (by researchers)

| DERIVED VARIABLES | BOX NUMBER |
|-------------------|------------|
| AC2               | 27         |
| AGE1              | 9          |
| AGE2              | 9          |
| AGE3              | 9          |
| AGE4              | 9          |
| AGE5              | 9          |
| BLDRESP2          | 44         |
| BLUDRESP          | 58         |
| BMI               | 21         |
| BMIDIFF           | 24         |
| BMIG1             | 21         |
| BPLEVEL           | 66         |
| BPM               | 51         |
| BPMED             | 64         |
| BPREAD            | 61         |
| BPRESP            | 65         |
| BRETHLES          | 13         |
| CAGE1             | 81         |
| CAGE2             | 81         |
| CAGE3             | 81         |
| CAGE4             | 81         |
| CAGE5             | 81         |
| CAGE6             | 81         |
| CAGESCR           | 81         |
| CAGETOT           | 81         |
| СН                | 51         |
| CHOLEST1          | 57         |
| CHOLEXCL          | 48         |
| CHOLGRP           | 45         |
| CIGARSMK          | 37         |

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|          | A DECEMBER OF |
|----------|-----------------------------------------------------------------------------------------------------------------|
| CIGSMK1  | 35                                                                                                              |
| CIGSMK2  | 35                                                                                                              |
| CIGARST  | 37                                                                                                              |
| COMPM1   | 71                                                                                                              |
| СОМРМ2   | 71                                                                                                              |
| СОМРМЗ   | 71                                                                                                              |
| СОМРМ4   | 71                                                                                                              |
| СОМРМ5   | 71                                                                                                              |
| СОМРМ6   | 71                                                                                                              |
| CONSUMED | 60                                                                                                              |
| CONSUME1 | 60                                                                                                              |
| CONSCVD  | 53                                                                                                              |
| CONTACT  | 51                                                                                                              |
| CONTACT1 | 51                                                                                                              |
| CONTACT2 | 51                                                                                                              |
| CONTCOMB | 52                                                                                                              |
| CONTNOCV | 54                                                                                                              |
| CURRCVD  | 55                                                                                                              |
| CUTDOWN  | 82                                                                                                              |
| CVD1     | 33                                                                                                              |
| CVD2     | 33                                                                                                              |
| CVD3     | 33                                                                                                              |
| CVD4     | 29                                                                                                              |
| CVD5     | 30                                                                                                              |
| CVD6     | 31                                                                                                              |
| CVD4PR   | 32                                                                                                              |
| CVD5PR   | 32                                                                                                              |
| CVD6PR   | 32                                                                                                              |
| DEMIQUET | 73                                                                                                              |
| DIABP    | 67                                                                                                              |
| DIABP1   | 68                                                                                                              |

| DIASTOL  | 63 |
|----------|----|
| DOCTALK2 | 49 |
| DRINKER  | 76 |
| DRKOFT1  | 80 |
| DRKPROX  | 28 |
| DRUNK1   | 76 |
| ECSTA    | 2  |
| ECSTA1   | 2  |
| ECSTA2   | 3  |
| ECSTA3   | 3  |
| ECSTA3A  | 3  |
| ECSTA4   | 78 |
| ECSTAT   | 78 |
| EXSMOKE1 | 36 |
| FERRIT1  | 57 |
| FERRGRP  | 47 |
| GHSRGN   | 10 |
| GHQ1     | 41 |
| GHQ2     | 41 |
| GHQ3     | 41 |
| GHQ4     | 41 |
| GHQ5     | 41 |
| GHQ6     | 41 |
| GHQ7     | 41 |
| GHQ8     | 41 |
| GHQ9     | 41 |
| GHQ10    | 41 |
| GHQ11    | 41 |
| GHQ12    | 41 |
| бнотот   | 41 |
| HAEMOEXC | 48 |

| HAEMOGRP | 46 |
|----------|----|
| HIPAV    | 74 |
| HTDIFF   | 22 |
| IN       | 51 |
| IPATIENT | 51 |
| MENAC1   | 40 |
| MENACSUM | 40 |
| MINDEX   | 73 |
| NUMCIGAR | 38 |
| NUM20    | 16 |
| NUM20G1  | 17 |
| NUM20G2  | 17 |
| NUM20SP  | 15 |
| NUMHOME  | 14 |
| NUMWALK  | 14 |
| NONDRK   | 56 |
| OPAT     | 51 |
| OUT      | 51 |
| PIPESTAT | 39 |
| PHLEGM   | 12 |
| POSSMI   | 43 |
| PSSSCR1  | 42 |
| PSSSCR2  | 42 |
| PSSSCR3  | 42 |
| PSSSCR4  | 42 |
| PSSSCR5  | 42 |
| PSSSCR6  | 42 |
| PSSSCR7  | 42 |
| PSSSCTOT | 42 |
| PSU      | 20 |
| PSUREG   | 20 |

| QUALACT1 | 19 |
|----------|----|
| RESPGRP  | 59 |
| RHA2     | 34 |
| RHAAREA  | 10 |
| RHAAREA1 | 25 |
| RTYP1    | 26 |
| RTYP2    | 26 |
| SCHDTYP1 | 79 |
| SOCLASE1 | 5  |
| SOCLPR1  | 6  |
| SOCLHH1  | 7  |
| SOCLNR   | 8  |
| SOCLNR1  | 8  |
| SOCPRHH1 | 8  |
| SPAN     | 72 |
| SPANRESP | 1  |
| STDRGN   | 10 |
| STDRGN1  | 10 |
| STOPPED  | 77 |
| SYMPANG  | 11 |
| SYSBP    | 69 |
| SYSBP1   | 70 |
| SYSTOLIC | 62 |
| TALKCOND | 50 |
| TOPQUAL2 | 4  |
| TOPQUAL3 | 4  |
| TOPQUAL4 | 75 |
| VIG20G1  | 18 |
| VIG20G2  | 18 |
| WAISTAV  | 74 |
| WHDIF3   | 74 |

| WHRATF1  | 74 |
|----------|----|
| WHRATF2  | 74 |
| WHRATM1  | 74 |
| WHRATM2  | 74 |
| WHIPRAT  | 74 |
| WOMAC1   | 40 |
| WÖMACSUM | 40 |
| WTDIFF - | 23 |

#### 1 SPANRESP

\* Create summary response variable for demi-span

```
compute spanresp = 0
if (span1 = -6) spanresp = -6
if (span1 = -7) spanresp = -7
if (span1 = -10) spanresp = -10
if (span1 = -8) spanresp = -8
if (span1 = -9) spanresp = -9
if (spannat = 9) spanresp = 3
if (spanref = 9) spanresp = 4
if (span1 gt 0 and span2 gt 0) spanresp = 1
if (span1 gt 0 and not(span2 gt 0)) spanresp = 2
VARIABLE LABEL SPANRESP 'SUMMARY RESPONSE FOR DEMI-SPAN'
value labels spanresp 1 'fully co-operating'
                 2 'partially co-operating'
                 3 'demispan not attempted'
                 4 'demispan refused'
                 -6 'non-resp to interv'
                 -7 'non-resp to nurse'
                 -8 'NA'
                 -9 'DNA'
                 -10 'proxy'/
```

\*\*\*\*\*\*\*

#### 2 ECSTA; ECSTA1

\*Comment Creation of economic status variables

```
DO IF VAL(WORKLAST) EQ -6
COMPUTE ECSTA = -6
ELSE IF VAL(WORKLAST) EQ 1
+ DO IF VAL(THIRTYHR) EQ 1
+ COMPUTE ECSTA = 1
+ ELSE IF VAL(THIRTYHR) EQ 2
+ COMPUTE ECSTA = 2
+ ELSE IF VAL(THIRTYHR) EQ -8
+ COMPUTE ECSTA = 3
+ END IF
```

```
ELSE IF RANGE(VAL(IFNOJOB),1,8)
RECODE IFNOJOB(1,2,3=4)(5=5)(6=6)(7=7)(4=8)(8=9) INTO ECSTA
ELSE IF VAL(WRKLASTE) EQ 1
+ DO IF VAL(THRTYHRE) EQ 1
+ COMPUTE ECSTA = 1
```

+ ELSE IF VAL(THRTYHRE) EQ 2
+ COMPUTE ECSTA = 2
+ ELSE IF VAL(THRTYHRE) EQ -8
+ COMPUTE ECSTA = 3
END IF

ELSE IF RANGE(VAL(IFNOJOBE),1,8) RECODE IFNOJOBE (1,2,3=4)(5=5)(6=6)(7=7)(4=8)(8=9) INTO ECSTA END IF

RECODE ECSTA (1,2,3=1)(4=2)(6=3)(7=4)(5,8,9=9) INTO ECSTA1

VARIABLE LABELS ECSTA "Economic activity status" ECSTA1 "Economic activity status - grouped"
VALUE LABELS ECSTA 1 "FT Work" 2 "PT Work" 3 "Work-na hrs" 4 "Unemployed" 5 "Perm Sick" 6 "Retired" 7 "Keeping House"
8 "FT Student" 9 "Other inactive"/
ECSTA1 1 "Working" 2 "Unemployed" 3 "Retired" 4 "Keeping House"
5 "Other inactive"/

\*PROGRAM TO CONSTRUCT ECSTA2,ECSTA3 AND ECSTA3A-ECONOMIC STATUS VARIABLE. REMOVING FULL-TIME STUDENTS INTO A SEPERATE CATEGORY OR INTO ECONMICALLY INACTIVE

DO IF VAL(EDUCEND)EQ 1 + COMPUTE ECSTA2 EQ 8 ELSE IF VAL(SCHOOL)EQ 1 + COMPUTE ECSTA2 EQ 8 ELSE IF VAL(IFNOJOB)EQ 4 + COMPUTE ECSTA2 EQ 8 ELSE IF RANGE(VAL(ECSTA),-10,9) RECODE ECSTA (1=1)(2=2)(3=3)(4=4)(5=5)(6=6)(7=7)(8=8)(9=9)(-10=-10)(-6=-6) INTO ECSTA2/ END IF RECODE ECSTA2 (1,2,3=1)(4=2)(6=3)(7=4)(5,8,9=5)(-6=-6) INTO ECSTA3/ RECODE ECSTA3 (1=1)(2=2)(3,4,5=3)(-6=-6) INTO ECSTA3A/

VARIABLE LABELS ECSTA2 "ECONOMIC ACTIVITY STATUS - EXCL FT STUDENTS"

ECSTA3 "ECONOMIC ACTIVITY STATUS(GPD) - EXCL FT STUDENTS" ECSTA3A "ECONOMIC ACTIVITY STATUS(GPD) - EXCL FT STUDENTS"/

2

VALUE LABELS ECSTA2 1'FT Work'2'PT Work'3'Work-na hours'4'Unemployed' 5'Perm sick'6'Retired'7'Keeping house'8'FT Student' 9'Other inactive'/
ECSTA3 1'Working'2'Unemployed'3'Retired'4'Keeping house' 5'Other inactive'/
ECSTA3A 1'Working'2'Unemployed'3'Econ inactive'/

# 

\*PROGRAM TO CONSTRUCT TOPQUAL2 AND TOPQUAL3 - QUALIFIACTION VARIABLE REMOVING. FULL-TIME STUDENTS INTO A SEPERATE CATEGORY

DO IF VAL(EDUCEND)EQ 1 + COMPUTE TOPQUAL2 EQ 8 ELSE IF VAL(SCHOOL)EQ 1 + COMPUTE TOPQUAL2 EQ 8 ELSE IF VAL(IFNOJOB)EQ 4 + COMPUTE TOPQUAL2 EQ 8 ELSE IF RANGE(VAL(TOPQUAL),-10,8) RECODE TOPQUAL (1=1)(2=2)(3=3)(4=4)(5=5)(7=6)(6,8=7)(else=copy) into TOPQUAL2/ END IF

VARIABLE LABELS TOPQUAL2 "HIGHEST QUAL LEVEL ATTAINED-EXCL FTS"/

VALUE LABELS TOPQUAL2 1'Degree or equiv'2'Higher ed below deg' 3'GCE AL equiv'4'GCE OL equiv'5'CSE other gra equiv' 6'Foreign/other'7'No quals'8'FT stud'-10'Proxy'-8'NA' -6'Non resp to int'/

RECODE TOPQUAL2 (1,2 = 1)(3,4,5,6 = 2)(7 = 3)(8 = 4)(ELSE=COPY) INTO TOPQUAL3/

VARIABLE LABELS TOPQUAL3 "HIGHEST QUAL LEVEL ATTAINED - EXCL FTS"

VALUE LABELS TOPQUAL3 1'Higher quals'2'Other quals'3'No quals'4'FT students' -10'Proxy'-8'NA'-6'Non resp to int'/

\*AMMENDMENTS TO SOCIAL CLASS VARIABLES (ONLY THOSE THAT ASSIGN FULL-TIME STUDENTS TO A SEPERATE CODE). THESE AMENDMENTS RECODE THE '0' VALUES INTO THE CORRECT CODE

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RECODE SOCLASE (1,2 = 1)(3 = 2)(4 = 3)(5,6 = 4)(7,8,9,-9 = -9)(-1,-6 = -6)(-8 = -8)\_INTO SOCLASE1/

VARIABLE LABELS SOCLASE1 "SOC CLASS OF INFORM (FT STUD=SEP CAT) -GRPD"

VALUE LABELS SOCLASE1 1'I & II'2'III non-man'3'III manual'4'IV & V' -9'FT/AF/nev wked'-8'NA inadeq descr'-6'Pr/Nr/matrix bl'

6 SOCLPR1

RECODE SOCLASPR (1,2 = 1)(3 = 2)(4 = 3)(5,6 = 4)(7,8,9,-9 = -9)(-1,-5 = -5)(-8 = -8) INTO SOCLPR1/

VARIABLE LABELS SOCLPR1 "SOC CLASS OF PROXY (FT STUD=SEP CAT) - GRPD"

VALUE LABELS SOCLPR1 1'I & II'2'III non-man'3'III manual'4'IV & V' -9'FT/AF/nev wked'-8'NA inadeq descr'-5'FI/Nr/matrix bl'

#### 

RECODE SOCLHH (1,2 = 1)(3 = 2)(4 = 3)(5,6 = 4)(7,8,9,-9 = -9)(-1,-6 = -6)(-8 = -8) INTO SOCLHH1/

VARIABLE LABELS SOCLHH1 "SOC CLASS OF HOH (FT STUD = SEP CAT) - GRPD" VALUE LABELS SOCLHH1 1'I & II'2'III non-man'3'III manual'4'IV & V' -9'FT/AF/nev wked'-8'NA inadeq descr'-6'Pr/Nr/matrix bl'/

\*DERIVATION OF NEW SOCIAL CLASS VARIABLE - SOCLNR FOR HoH SOCIAL CLASS OF NON-RESPONDERS:

DO IF VAL(CASENO) EQ 105 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8 ELSE IF VAL(CASENO) EQ 110 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 5 ELSE IF VAL(CASENO) EQ 110 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 5 ELSE IF VAL(CASENO) EQ 124 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 5 ELSE IF VAL(CASENO) EQ 124 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 5 ELSE IF VAL(CASENO) EQ 124 AND VAL(PERSNO) EQ 3

+ COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 807 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 907 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 1611 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 2006 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 2206 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 2416 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 2416 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 2628 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 2820 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 9ELSE IF VAL(CASENO) EQ 2917 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 6ELSE IF VAL(CASENO) EQ 2918 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 2ELSE IF VAL(CASENO) EQ 3122 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 3201 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 3206 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 3317 AND VAL(PERSNO) EQ 5 + COMPUTE SOCLNR = 1ELSE IF VAL(CASENO) EQ 3824 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 3902 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 2ELSE IF VAL(CASENO) EQ 4409 AND VAL(PERSNO) EQ 2 +COMPUTE SOCLNR = 2ELSE IF VAL(CASENO) EQ 4807 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 3ELSE IF VAL(CASENO) EQ 4824 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 5007 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 5201 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 5814 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 5814 AND VAL(PERSNO) EQ 3

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+ COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 5814 AND VAL(PERSNO) EQ 4 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 5825 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 2ELSE IF VAL(CASENO) EQ 5909 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 6214 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 6419 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 3ELSE IF VAL(CASENO) EQ 6503 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = 3ELSE IF VAL(CASENO) EQ 6507 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 6902 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 7013 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 7013 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 7014 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 7119 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 7712 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8020 AND VAL(PERSNO) EQ 4 + COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 8022 AND VAL(PERSNO) EQ 5 + COMPUTE SOCLNR = 5ELSE IF VAL(CASENO) EQ 8102 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 4ELSE IF VAL(CASENO) EQ 8112 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8126 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8126 AND VAL(PERSNO) EQ 3 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8126 AND VAL(PERSNO) EQ 4 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8405 AND VAL(PERSNO) EQ 1 + COMPUTE SOCLNR = -8ELSE IF VAL(CASENO) EQ 8904 AND VAL(PERSNO) EQ 2 + COMPUTE SOCLNR = 2ELSE IF VAL(SCHEDTYP) NE 0 + COMPUTE SOCLNR = -1END IF

6

VARIABLE LABELS SOCLNR "SOCL CLASS OF HOH OF NON-RESP (FT stud = sep cat)" VALUE LABELS SOCLNR -8'HoH-non-resp'-1'Responder'1'I'2'II'3'IIIN' 4'IIIM'5'IV'6'V'7'Armed forces'8'Not fully descr' 9'FT Student'/ RECODE SOCLNR (1,2 = 1)(3 = 2)(4 = 3)(5,6 = 4)(7,8,9,-9 = -9)(-1 = -1)(-8 = -8) INTO SOCLNR1/ VARIABLE LABELS SOCLNR1 "SOC CLASS OF HOH (FT STUD = SEP CAT) - GRPD" VALUE LABELS SOCLNR1 1'I & II'2'III non-man'3'III manual'4'IV & V' -9'FT/AF/nev wked'-8'HoH-non-resp'-1'Responder'/ RECODE SOCPRHH1 (1,2 = 1)(3 = 2)(4 = 3)(5,6 = 4)(7,8,9,-9 = -9)(-1,-5 = -5)(-8 = -8) INTO SOCLPR1/ VARIABLE LABELS SOCPRHH1 "SOC CLASS OF PROXY (FT STUD=SEP CAT)-GRPD" VALUE LABELS SOCPRHH1 1'I & II'2'III non-man'3'III manual'4'IV & V' -9'FT/AF/nev wked'-8'NA inadeq descr'-5'FI/Nr/matrix bl' \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* AGE1; AGE2; AGE3; AGE4; AGE5 9 RECODE AGE (16 THRU 24 = 1) (25 THRU 34 = 2)(35 THRU 44 = 3)(45 THRU 54 = 4)(55 THRU 64 = 5)(65 THRU 74 = 6)(75 THRU 98 = 7)INTO AGE1/ RECODE AGE (16 THRU 24 = 1) (25 THRU 34 = 2)(35 THRU 44 = 3)(45 THRU 54 = 4)(55 THRU 64 = 5)(65 THRU 98 = 6)INTO AGE2/ RECODE AGE (16 THRU 24 = 1) (25 THRU 44 = 2)(45 THRU 64 = 3)(65 THRU 84 = 4)(85 THRU 98 = 5)INTO AGE3/ 7

```
RECODE AGE (16 THRU 24 = 1)
         (25 \text{ THRU } 44 = 2)
         (45 \text{ THRU } 64 = 3)
         (65 \text{ THRU } 98 = 4)
   INTO AGE4/
RECODE AGE (16 THRU 24 = 1)
         (25 \text{ THRU } 29 = 2)
         (30 \text{ THRU } 34 = 3)
         (35 \text{ THRU } 39 = 4)
        -(40 \text{ THRU } 44 = 5)
         (45 \text{ THRU } 49 = 6)
         (50 \text{ THRU } 54 = 7)
         (55 \text{ THRU } 59 = 8)
         (60 \text{ THRU } 64 = 9)
         (65 \text{ THRU } 69 = 10)
         (70 \text{ THRU } 74 = 11)
         (75 \text{ THRU } 79 = 12)
         (80 \text{ THRU } 84 = 13)
         (85 \text{ THRU } 89 = 14)
         (90 \text{ THRU } 94 = 15)
         (95 \text{ THRU } 98 = 16)
   INTO AGE5/
VARIABLE LABELS AGE1 'Age recoded in 10 year bands upto 74+'
             AGE2 'Age recoded in 10 year bands upto 65+'
             AGE3 'Age recoded in 20 year bands upto 85+'
             AGE4 'Age recoded in 20 year bands upto 65+'
             AGE5 'Age recoded in 5 year bands upto 95+'/
VALUE LABELS AGE1 1 '16-24'
               2'25-34'
               3 '35-44'
               4 '45-54'
               5 '55-64'
               6 '65-74'
               7 '75-98'/
VALUE LABELS AGE2 1 '16-24'
               2'25-34'
               3 '35-44'
               4 '45-54'
               5 '55-64'
                6 '65-98'/
VALUE LABELS AGE3 1 '16-24'
               2'25-44'
                3 '45-64'
```

4 '65-84' 5 '85-98'/

# VALUE LABELS AGE4 1 '16-24'

2 '25-44' 3 '45-64' 4 '65-98'/

### VALUE LABELS AGE5 1 '16-24'

2 '25-29' 3 '30-34' 4 '35-39' 5 '40-44' 6 '45-49' 7 '50-54' 8 '55-59' 9 '60-64' 10 '65-69' 11 '70-74' 12 '75-79' 13 '80-84' 14 '85-89' 15 '90-94' 16 '95-98'/

# \*\*\*\*\*\*\*\*\*\*\*\*\*

### 10 RHAAREA; STDRGN; GHSRGN

# RECODE AREA (01,02,03,46,47,48 = 1)(04,05,06,07,49,50,51,52,53 = 2)(12,13,14,15,16,17,54,55,56,57,58,59 = 3)

.

(08,09,10,11,60,61,62 = 4) (18,19,20,21,22,63,64,65,66,67 = 5) (23,24,68,69 = 6) (25,26,27,28,29,30,70,71,72,73,74,75,76 = 7) (31,32,33,34,35,36,37,38,39,40,77,78,79,80 81,82,83,84,85,86 = 8) (41,42,43,44,45,87,88,89,90 = 9) into STDRGN/

Recode STDRGN (1,2,3=1) - (4,5,6,9=2) (7,8=3) into STDRGN1/

```
RECODE AREA (01, 46, 47, 48 = 1)
          (02,03 = 2)
          (05,06,07,51,52,53 = 3)^{-1}
          (04, 49, 50 = 4)
          (12, 16, 17, 57, 58, 59 = 5)
          (13, 14, 15, 54, 55, 56 = 6)
          (08,09,10,11,60,61,62 = 7)
          (19, 20, 21, 64, 65, 67 = 8)
          (22, 18, 63, 66 = 9)
          (23,24,68,69 = 10)
          (26, 28, 30, 71, 73 = 11)
          (25,27,29,70,72,74,75,76 = 12)
          (31, 36, 37, 39, 79, 80, 81, 82, 84 = 13)
          (32, 33, 34, 35, 38, 40, 77, 78, 83, 85, 86 = 14)
          (41, 42, 43, 44, 45, 87, 88, 89, 90 = 15)^{\circ}
     into GHSRGN/
```

Variable Label RHAAREA 'Regional Health Authorities grouped together' Variable Label STDRGN 'Standard region grouped together' Variable Label STGRGN1 'Standard region in 3 groups' Variable Label GHSRGN 'General Household Survey regions grouped'

Value Labels RHAAREA 1 'North'

- 2 'Yorkshire'
- 3 'Trent'
- 4 'North West'
- 5 'Mersey'
- 6 'West Midlands'
- 7 'East Anglia'
- 8 'North West Thames'
- 9 'South East Thames'
- 10 'Oxford'

- 11 'Wessex'
- 12 'North East Thames'
- 13 'South West Thames'
- 14 'South West'/

Value Labels STDRGN 1 'North STD 1'

- 2 'Yorks and Humbs STD 2'
- 3 'North West STD 3'
- 4 'East Midlands STD 4'
- 5 'West Midlands STD 5'
- 6 'East Anglia STD 6'
- 7 'London STD 7'
- 8 'South East STD 8'
- 9 'South West STD 9'/

Value Label STDRGN1 1 'North'

- 2 'Central'
- 3 'South'/

### Value Labels GHSRGN 1 'North Met GHS 1 '

- 2 'North Non-Met GHS 2'
- 3 'Yorks and Humbs Met GHS 3'
- 4 'Yorks and Humbs Non-Met GHS 4'
- 5 'North West Met GHS 5'
- 6 'North West Non-Met GHS 6'
- 7 'East Midlands GHS 7'
- 8 'West Midlands Met GHS 8'
- 9 'West Midlands Non-Met GHS 9'
- 10 'East Anglia GHS 10'
- 11 'Greater London Inner GHS 11'
- 12 'Greater London Outer GHS 12'
- 13 'South East Outer Met GHS 13'
- 14 'South East remaining GHS 14'
- 15 'South West GHS 15'/

# 11 SYMPANG

COMPUTE SYMPANG = 3

IF (CHESPAIN = -10) SYMPANG = -10 IF (CHESPAIN = -6) SYMPANG = -6

IF (CHESPAIN = -8 OR PANSITM1 = -8 OR WALKING = -8 OR STOPWALK = -8 OR

(WINDPEER = 3)))) BRETHLES = 3 IF (WINDPEER = 1 OR WINDPACE = 1) BRETHLES = 2

IF (WINDHILL = -6) BRETHLES = -6 IF (WINDHILL NE 1 AND WINDPEER NE 1 AND WINDPACE = -8) BRETHLES = -8 IF (WINDHILL NE 1 AND WINDPEER = -8 AND WINDPACE NE 1) BRETHLES = -8 IF (WINDHILL = -8) BRETHLES = -8 IF (WINDHILL = 2 OR (WINDHILL = 3 AND ((WINDPEER = 2 AND WINDPACE = 2) OR

COMPUTE BRETHLES = 0

IF (WINDHILL = -10) BRETHLES = -10

## 13 BRETHLES

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

IF (FLEMDAWN = -10) PHLEGM = -10 IF (FLEMDAWN = -6) PHLEGM = -6 IF (FLEMREG = -8) PHLEGM = -8 IF (ANY(FLEMREG,2,-9)) PHLEGM = 3 IF (FLEMWINT = 1 AND FLEMREG = 1) PHLEGM = 2 IF (FLEMDAWN = 1 AND FLEMREG = 1) PHLEGM = 1

COMPUTE PHLEGM = 0

## 12 PHLEGM

\*\*\*\*\*\*

IF ((CHESPAIN = 1) AND (ANY(PANSITM1,1,2) OR (PANSITM1 = 3 AND PANSITM2 = 4)) AND (WALKING = 1 OR WALKING = 2) AND (STOPWALK = 1) AND (HOWSOON = 1) AND (LEVEL = 1)) SYMPANG = 2

IF ((CHESPAIN = 1) AND (ANY(PANSITM1,1,2) OR (PANSITM1 = 3 AND PANSITM2 = 4)) AND (WALKING = 1 OR WALKING = 2) AND (STOPWALK = 1) AND (HOWSOON = 1) AND (UPHILL = 1 AND LEVEL = 2)) SYMPANG = 1

HOWSOON = -8) SYMPANG = -8

IF (WINDHILL = 1 AND ((WINDPEER = 2 AND WINDPACE NE 1) OR (WINDPEER = 3) OR (WINDPEER = -8 AND WINDPACE NE 1))) BRETHLES = 1

VARIABLE LABELS SYMPANG 'ANGINA SYMPTOMS (ROSE-ANGINA QNAIRE)' / PHLEGM 'PHLEGM SYMPTOMS (MRC RESP QNAIRE)' / BRETHLES 'BREATHLESSNESS (MRC RESP QNAIRE)' VALUE LABELS SYMPANG 1 'GRADE 1 ANGINA' 2 'GRADE 2 ANGINA' 3 'NO ANGINA'/ PHLEGM 1 'MORNING PHLEGM' 2 'EVENING PHLEGM' 3 'NO PHLEGM' / BRETHLES 1 'GRADE 1 BREATHLESS' 2 'GRADE 2 BREATHLESS' 3 'NO BREATHLESSNESS'

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#### 14 NUMHOME; NUMWALK

\* Create variables for number of occasions walking or
\* home activities at moderate level - NUMHOME, NUMWALK

COMPUTE NUMWALK =0 COMPUTE NUMHOME =0 DO IF VAL(ACTIVE) EQ -6 COMPUTE HEAVY1 = -6 ELSE IF VAL(ACTIVE) EQ -10 COMPUTE HEAVY1 = -10 ELSE IF VAL(HEVYHWRK) EQ 1 RECODE HEAVYDAY (-8,-9=0)(ELSE=COPY) INTO HEAVY1 ELSE COMPUTE HEAVY1 = 0 END IF

DO IF VAL(ACTIVE) EQ -6 COMPUTE MANDAY1 = -6 ELSE IF VAL(ACTIVE) EQ -10 COMPUTE MANDAY1 = -10 ELSE IF VAL(MANWORK) EQ 1 RECODE MANDAYS (-8,-9=0)(ELSE = COPY) INTO MANDAY1 ELSE COMPUTE MANDAY1 = 0 END IF

DO IF VAL(ACTIVE) EQ -6 COMPUTE NUMWALK = -6 ELSE IF VAL(ACTIVE) EQ -10 COMPUTE NUMWALK = -10 ELSE IF VAL(WALKACTY) EQ 4 AND VAL(MILENUM) GE 1

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COMPUTE NUMWALK = VAL(MILENUM) ELSE -COMPUTE NUMWALK = 0 END IF

DO IF VAL(ACTIVE) EQ -6 COMPUTE NUMHOME = -6 ELSE IF VAL(ACTIVE) EQ -10 COMPUTE NUMHOME = -10 ELSE IF VAL(HOMEACTY) EQ 3 COMPUTE NUMHOME = HEAVY1 + MANDAY1 ELSE -COMPUTE NUMHOME = 0 END IF

VARIABLE LABELS NUMHOME "No. occ mod home activity" NUMWALK "No occ mod walking activity"

\*\*\*\*\*\*

#### 15 NUM20SP

\* Create NUM20SP for occasions moderate or vigorous sports activity of at least 20 mins duration

DO REPEAT I=OCCX1 TO OCCX15 COMPUTE I=0 END REPEAT

IF (CYCLE EQ 1 AND (CYCLEMIN GE 20 OR CYCLEHR GE 1) AND CYCLEOCC GE 1) OCCX1 = CYCLEOCC IF (EXEFF EQ 1 AND (EXMIN GE 20 OR EXHR GE 1) AND EXOCC GE 1) OCCX2 = EXOCC /\*If effort involved IF (AERO EQ 3 AND (AEROMIN GE 20 OR AEROHR GE 1) AND AEROOCC GE 1) OCCX3 = AEROOCC IF (DANCEEFF EQ 1 AND (DANCEMIN GE 20 OR DANCEHR GE 1) AND DANCEOCC GE 1) OCCX4 = DANCEOCC /\*If effort inolved IF (WTRAIN EQ 5 AND (WEIGHMIN GE 20 OR WEIGHHR GE 1) AND WEIGHOCC GE 1) OCCX5 = WEIGHOCC IF (SWIM EQ 6 AND (SWIMMIN GE 20 OR SWIMHR GE 1) AND SWIMOCC GE 1) OCCX6 = SWIMOCC IF (RUN EQ 7 AND (RUNMIN GE 20 OR RUNHR GE 1) AND RUNOCC GE 1) OCCX7 = RUNOCC IF (FOOTBALL EQ 8 AND (FTBLLMIN GE 20 OR FTBLLHR GE 1)

```
AND FTBLLOCC GE 1) OCCX8 = FTBLLOCC

IF (TENNIS EQ 9 AND (TENNMIN GE 20 OR TENNHR GE 1)

AND TENNOCC GE 1) OCCX9 = TENNOCC

IF (SQUASH EQ 10 AND (SQUASMIN GE 20 OR SQUASHR GE 1)

AND SQUASOCC GE 1) OCCX10 = SQUASOCC

IF (ANY(ACTA,2,3) AND (ACTAMIN GE 20 OR ACTAHR GE 1)

AND ACTAOCC GE 1) OCCX11 = ACTAOCC

IF (ANY(ACTB,2,3) AND (ACTBMIN GE 20 OR ACTBHR GE 1)

AND ACTBOCC GE 1) OCCX12 = ACTBOCC

IF (ANY(ACTC,2,3) AND (ACTCMIN GE 20 OR ACTCHR GE 1)

AND ACTCOCC GE 1) OCCX13 = ACTCOCC

IF (ANY(ACTC,2,3) AND (ACTCMIN GE 20 OR ACTCHR GE 1)

AND ACTCOCC GE 1) OCCX14 = ACTCOCC

IF (ANY(ACTD,2,3) AND (ACTDMIN GE 20 OR ACTDHR GE 1)

AND ACTDOCC GE 1) OCCX14 = ACTDOCC

IF (ANY(ACTD,2,3) AND (ACTEMIN GE 20 OR ACTCHR GE 1)

AND ACTDOCC GE 1) OCCX15 = ACTEOCC
```

```
DO IF VAL(ACTIVE) EQ -6

COMPUTE NUM20SP = -6

ELSE IF VAL(ACTIVE) EQ -10

COMPUTE NUM20SP = -10

ELSE IF VAL(SPRTACTY) EQ -8

COMPUTE NUM20SP = -8

ELSE IF ANY(SPRTACTY,1,2)

COMPUTE NUM20SP = 0

ELSE IF ANY(SPRTACTY,3,4)

COMPUTE NUM20SP = SUM(OCCX1 TO OCCX15)

END IF
```

VARIABLE LABELS NUM20SP "No. occas mod/vig sports for 20+ mins"

\*\*\*\*\*\*\*\*\*\*\*\*

#### 16 NUM20

\* Create NUM20 for occasions of moderate or vigorous activity (of 20 mins duration for sport) in walking, home activities and sport.

COMPUTE NUM20 = 0

DO IF VAL(ACTIVE) EQ -6 COMPUTE NUM20=-6 ELSE IF VAL(ACTIVE) EQ -10 COMPUTE NUM20=-10 ELSE IF ACTLEVEL EQ -8 COMPUTE NUM20=-8 ELSE

COMPUTE NUM20 = NUMHOME + NUMWALK + NUM20SP END IF

VARIABLE LABELS NUM20 "All occas mod/vig activity"

\* Grouped variables for number moderate/vigorous occasions. NUM20G1 is grouping excluding occupational activity. NUM20G2 is grouping which includes an allowance for occupational activity

RECODE NUM20 (-6 = -6)(-10 = -10)(-8 = -8)(0 = 0)(1 THRU 4 = 1)(5 THRU 11 = 2)(12 THRU HI = 3) INTO NUM20G1

DO IF VAL(WORKACTY) EQ 3 OR VAL(WORKACTY) EQ 4 COMPUTE NUM20G2=3 ELSE COMPUTE NUM20G2=VAL(NUM20G1) END IF

VARIABLE LABELS NUM20G1 "No. occas mod/vig 20 + mins exc. work" NUM20G2 "No. occas mod/vig 20 + mins inc. work" VALUE LABELS NUM20G1 NUM20G2 0 "None" 1 "1 to 4" 2 "5 to 11" 3 "12 or more"

\* Create grouped variables VIG20G1 for occasions vigorous sports and VIG20G2 for occasions vigorous sports plus occupational activity

RECODE VIG20SP (12 THRU HI = 2)(1 THRU 11 = 1)(0=0)(ELSE=COPY) INTO VIG20G1

DO IF VAL(WORKACTY) EQ 4 COMPUTE VIG20G2=2 ELSE COMPUTE VIG20G2=VAL(VIG20G1) END IF VARIABLE LABELS VIG20G1 "No. vigorous sports occ of 20 mins duration" VIG20G2 "No. vigorous of 20 mins duration inc. work" VALUE LABELS VIG20G1 VIG20G2 0 "NONE" 1 " < 12 OCCAS" 2 "12+ OCCAS"

#### 19 **QUALACTI**

TITLE "Frequency-intensity activity level" \* Create summary variable QUALACT1

DO IF VAL(ACTIVE) EQ -6 COMPUTE QUALACT1 = -6ELSE IF VAL(ACTIVE) EQ -10 COMPUTE QUALACT1 = -10 ELSE IF ACTLEVEL EQ -8 COMPUTE QUALACT1 = -8 ELSE IF VAL(NUM20G2) EQ 0 COMPUTE QUALACT1 = 0 ELSE IF VAL(VIG20G2) EQ 2 COMPUTE QUALACT1 = 5 ELSE IF VAL(VIG20G2) GE 1 AND VAL(NUM20G2) EQ 3 COMPUTE QUALACT1 = 4ELSE IF VAL(NUM20G2) EQ 3 COMPUTE QUALACT1 = 3ELSE IF VAL(NUM20G2) EQ 2 COMPUTE QUALACT1 = 2ELSE IF VAL(NUM20G2) EQ 1 COMPUTE QUALACT1 = 1END IF

VARIABLE LABELS QUALACT1 "FREQUENCY-INTENSITY ACTIVITY LEVEL" VALUE LABELS QUALACT1 0 "No mod,vig" 1 "1-4 mv" 2 "5-11 mv" 3 "12+ mod, no vig" 4 "12+ mv, some vig" 5 "12+ vigorous"

# \*\*\*\*\*\*

20 **PSU: PSUREG** 

\* Create PSU and Region variables for use when calculating sampling errors

RECODE AREA (46=1)(2=2)(3=3)(48=4)(1=5)(47=6)(5=7)(51 = 8)(50 = 9)(6 = 10)(4 = 11)(53 = 12)(49 = 13)(7 = 14)(52 = 15)

(54 = 16)(13 = 17)(14 = 18)(57 = 19)(56 = 20)(58 = 21)(59 = 22) (17 = 23)(15 = 24)(12 = 25)(16 = 26)(55 = 27)(62 = 28)(9 = 29) (10 = 30)(11 = 31)(8 = 32)(60 = 33)(61 = 34)(20 = 35)(66 = 36)(18 = 37) (65 = 38)(67 = 39)(64 = 40)(19 = 41)(21 = 42)(63 = 43)(22 = 44)(68 = 45) (69 = 46)(24 = 47)(23 = 48)(72 = 49)(76 = 50)(71 = 51)(25 = 52)(29 = 53) (27 = 54)(28 = 55)(30 = 56)(26 = 57)(70 = 58)(74 = 59)(75 = 60)(73 = 61) (79 = 62)(77 = 63)(38 = 64)(34 = 65)(31 = 66)(37 = 67)(40 = 68)(84 = 69) (86 = 70)(85 = 71)(81 = 72)(39 = 73)(82 = 74)(83 = 75)(33 = 76)(78 = 77) (80 = 78)(32 = 79)(36 = 80)(35 = 81)(41 = 82)(90 = 83)(43 = 84)(44 = 85) (87 = 86)(88 = 87)(42 = 88)(45 = 89)(89 = 90) INTO PSU

RECODE PSU(1 THRU 6=1)(7 THRU 15=2)(16 THRU 27=3)(28 THRU 34=4) (35 THRU 44=5)(45 THRU 48=6)(49 THRU 61=7)(62 THRU 81=8) (82 THRU 90=9) INTO PSUREG

VARIABLE LABELS PSU "AREA NUMBERS FOR SAMP ERRORS" PSUREG "REGION FOR SAMP ERRORS"

21 BMI; BMIGI

\* Compute Body Mass Index

DO IF VAL(HEIGHT) EQ -6 COMPUTE BMI = -6 ELSE IF VAL(HEIGHT) EQ -10 COMPUTE BMI = -10 ELSE IF VAL(HEIGHT) EQ -8 OR VAL(WEIGHT) EQ -8 COMPUTE BMI = -8 ELSE IF VAL(HEIGHT) EQ -9 OR VAL(WEIGHT) EQ -9 COMPUTE BMI = -9 ELSE COMPUTE BMI = WEIGHT / ((HEIGHT/100)\*(HEIGHT/100)) END IF

RECODE BMI (1 THRU 20=1)(20 THRU 25=2) (25 THRU 30=3)(30 THRU HI=4)(ELSE=COPY) INTO BMIG1 VALUE LABELS BMIG1 1 "LE 20" 2 "20-25" 3 "25-30" 4 "More than 30"

#### 22 HTDIFF

DO IF VAL(HEIGHT) EQ -6 COMPUTE HTDIFF=-6 ELSE IF VAL(HEIGHT) EQ -10 COMPUTE HTDIFF=-10

# -

RHAAREA1

Recode rhaarea (1,2,4,5 = 1)

into rhaarea1/

(3,6,7,10,14 = 2)(8,9,11,12,13 = 3)

25

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COMPUTE BMIDIFF = 1 ELSE IF VAL(HTDIFF) EQ -9 OR VAL(WTDIFF) EQ -9 COMPUTE BMIDIFF = -9 ELSE IF VAL(HTDIFF) EQ -6 COMPUTE BMIDIFF = -6 ELSE IF VAL(HTDIFF) EQ -10 COMPUTE BMIDIFF = -10 ELSE COMPUTE BMIDIFF = 0 END IF VALUE LABELS BMIDIFF 1 "PROB HT OR WT" 0 "NO PROBS"

DO IF VAL(HTDIFF) EQ 1 OR VAL(WTDIFF) EQ 1

# 24 BMIDIFF

\*\*\*\*\*\*\*\*\*\*\*

COMPUTE WTDIFF = -6 ELSE IF VAL(WEIGHT) EQ -10 COMPUTE WTDIFF = -10 ELSE IF VAL(WEIGHT) GT 0 RECODE CIRCM1 (-8,9=0)(1 THRU 8=1)(ELSE=COPY) INTO WTDIFF ELSE IF VAL(WEIGHT) LE 0 COMPUTE WTDIFF = -9 END IF VALUE LABELS HTDIFF WTDIFF 1 "SOME PROBLEM" 0 "NO PROBLEM"

# 23 WTDIFF

DO IF VAL(WEIGHT) EO -6

ELSE IF VAL(HEIGHT) GT 0 RECODE TURBANM1 (1 THRU 8=1)(-8,9=0)(ELSE=COPY) INTO HTDIFF ELSE COMPUTE HTDIFF=-9 END IE variable label rhaarea1 'RHA in 3 groups'/

value labels rhaarea1 1 'North' 2 'Central' 3 'South'/

#### \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

#### **26 RTYP1; RTYP2**

recode inttype (1,2=1)-(3=2) (4=3) into rtyp1 variable labels rtyp1 'response to interview' value labels rtyp1 1 'N-C & Ref' 2 'Proxy' 3 'Full Int'/

RECODE NURCOOP (-10,-6=1) (1,2=2) (3=3) INTO RTYP2 VARIABLE LABEL RTYP2 'RESPONSE TO NURSE VISIT' VALUE LABEL RTYP2 1 'PROXY-NR INTERVIEW' 2 'REFUSAL NURSE VISIT' 3 'COOP NURSE VISIT'/

\*comment creating drinking summary variable AC2

recode ac1 (1,8=1) (2,3,4,9,10,11=2) (5,6,12,13=3) (7,14=4) (-8=-8) (-6=-6) into ac2/ variable labels ac2 'drinking - 4 groups' value labels ac2 1 'non-drinker' 2 'light' 3 'moderate' 4 'heavy' -8 'na' -6 'proxy-NR'

# 28 DRKPROX

\*comment creating drink status variable for proxies recode drnkofte (-11 = -11) (-6 = -6) (1 thru 7 = 1) (8,9,-9 = 2) into drkprox if (drinke = -8) drkprox = -8

variable labels drkprox 'drinking status-proxies' value labels drkprox 1 'drinker'

> 2 'non-drinker' -8 'na' -11 'full int' -6 'NR to Int'

#### 29 CVD4

\*comment creating cvd indicator variables-undiagnosed

```
compute cvd4 = 0
do if (everbp=1 \text{ or } everangi=2 \text{ or } everhart=3 \text{ or } everoth=4 \text{ or }
     everstro = 5 or everdi = 6)
. compute cvd4 = 1
else
. compute cvd4=2
end if
if (everbp = -10) cvd4 = -10
if (everbp = -7) cvd4 = -7
if (everbp = -6) cvd4 = -6
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30
      CVD5
compute cvd5 = 0
do if (everangi = 2 \text{ or } everhart = 3 \text{ or } everstro = 5)
. compute cvd5 = 1
else
. compute cvd5 = 2
end if
```

if (everbp = -10) cvd5 = -10if (everbp = -7) cvd5 = -7if (everbp = -6) cvd5 = -6

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#### 31 CVD6

```
compute cvd6 = 0
do if ((everbp = 1 or everdi = 6) and (everangi = 9 and everhart = 9 and
everstro = 9))
. compute cvd6 = 1
else if (everangi = 2 and everhart = 9 and everstro = 9)
. compute cvd6 = 2
else if (everhart = 3 or everstro = 5)
. compute cvd6 = 3
end if
if (everbp = -10) cvd6 = -10
if (everbp = -7) cvd6 = -7
if (everbp = -6) cvd6 = -6
variable labels cvd4 'CVD condition-undiagnosed'
```

/cvd5 'IHD & stroke-undiagnosed' /cvd6 'CVD severity-undiagnosed' value labels cvd4 1 'Any CVD cond' 2 'No CVD cond' /cvd5 1 'Ang-HAtt-Stro' 2 'No Ang-HAtt-Stro' /cvd6 0 'No CVD or oth only' 1 'Only BP or diab' 2 'ang, not HAtt or stro' 3 'HAtt or stroke'

\*comment creating cvd indicator variables-undiagnosed for proxies

```
compute cvd4pr = 0
do if (everbpe = 1 or everange = 2 or everhrte = 3 or everothe = 4 or
        evrstroe = 5 or everdie = 6)
. compute cvd4pr = 1
else
. compute cvd4pr = 2
end if
if (everbpe = -11) cvd4pr = -11
if (everbpe = -6) cvd4pr = -6
```

compute cvd5pr=0

```
do if (everange = 2 \text{ or } everhrte = 3 \text{ or } evrstroe = 5)
    . compute cvd5pr = 1
    else
    . compute cvd5pr = 2
    end if
  if (everbpe = -11) cvd5pr = -11
  if (everbpe = -6) cvd5pr = -6
  compute cvd6pr = 0
  do if ((everbpe=1 \text{ or } everdie=6) and (everange ne 2 \text{ and } everhre ne 3 \text{ and
                                evrstroe ne 5))
   . compute cvd6pr = 1
  else if (everange = 2 and everhrte ne 3 and evrstroe ne 5)
  . compute cvd6pr = 2
  else if (everhrte = 3 or evrstroe = 5)
  . compute cvd6pr = 3
  end if
  if (everbpe = -11) cvd6pr = -11
  if (everbpe = -6) cvd6pr = -6
  variable labels cvd4pr 'Proxy CVD disorder-undiagnosed'
  /cvd5pr 'Proxy IHD & stroke-undiagnosed'
  /cvd6pr 'Proxy CVD severity-undiagnosed'
 value labels cvd4pr 1 'Any CVD cond' 2 'No CVD cond'
   /cvd5pr 1 'Ang-HAtt-Stro' 2 'No Ang-HAtt-Stro'
   /cvd6pr 0 'No CVD or oth only' 1 'Only BP or diab'
  2 'ang, not HAtt or stro'
  3 'Hatt or stroke'
 33
                                 CVD1; CVD2; CVD3
select if (everbp ne -10 and everbp ne -7 and everbp ne -6)
compute cvd1 = 0
do if (docnrbpx = 1 \text{ or } docangi = 1 \text{ or } docheart = 1 \text{ or } docother = 1 \text{ or } d
                           docstro = 1 or docindix = 1)
 . compute cvd1 = 1
else if (docangi = -10)
. compute cvd1 = -10
else if (docangi = -7)
. compute cvd1 = -7
else if (docangi = -6)
. compute cvd1 = -6
```

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```

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```
else if (docnrbpx ne 1 and docangi ne 1 and docheart ne 1 and docother ne 1
         and docstro ne-1 and docindix ne 1)
 . compute cvd1 = 2
 end if
compute cvd2 = 0
do if (\text{docangi} = 1 \text{ or docheart} = 1 \text{ or docstro} = 1)
. compute cvd2 = 1
else if (docangi = -10)
. compute cvd1 = -10
else if (docangi = -7)
. compute cvd1 = -7
else if (docangi = -6)
. compute cvd1 = -6
else if (docangi ne 1 and docheart ne 1 and docstro ne 1)
. compute cvd2=2
end if
compute cvd3 = 0
do if ((docnrbpx = 1 \text{ or } docinfdi = 1) and (docangi ne 1 \text{ and } docheart ne 1 \text{ and } docheart ne 1)
       docstro ne 1))
. compute cvd3 = 1
else if (docangi = -10)
. compute cvd1 = -10
else if (docangi = -7)
. compute cvd1 = -7
else if (docangi = -6)
. compute cvd1 = -6
else if (docangi = 1 and docheart ne 1 and docstro ne 1)
. compute cvd3 = 2
else if (docheart = 1 or docstro = 1)
. compute cvd3 = 3
end if
variable labels cvd1 'Cardiovascular disorder'
             /cvd2 'Ischaemic heart disease and stroke'
             /cvd3 'CVD measure of severity (hierarchy)'
value labels cvd1 1 'Yes' 2 'No'
          /cvd2 1 'Yes' 2 'No'
          /cvd3 0 'No CVD' 1 'Only high bp or diabetes'
               2 'angina but not heart attack or stroke'
```

3 'heart attack or stroke'

- - - -

34 RHA2

RECODE RHAAREA (8,9,12,13,7 = 1)(14,11,10,3,6 = 2)(1,2,4,5 = 3) INTO RHA2/

VARIABLE LABELS RHA2 "RHA GROUPING" VALUE LABELS RHA2 1'South East'2'Sth,SW,Central'3'North'

\* SMOKING DERIVED VARIABLES

RECODE CIGSMKNG (4,-8 = -8)(1 = 1)(2 = 2)(3 = 3)(5 = 4)(6 = 5)(-6 = -6) INTO CIGSMK1/ VARIABLE LABELS CIGSMK1 "CIGARETTE SMOKING STATUS " VALUE LABELS CIGSMK1 -8'NA; DK no. cigs'-6'No rec 8'1'20 + cigs a day' 2'10-19 cigs a day'3'0-9 cigs a day'4'Ex-smoker' 5'Nvr/occ smoked' RECODE CIGSMKNG (1 THRU 3 = 1)(5 = 2)(6 = 3)(-6 = -6)(4,-8 = -8) INTO CIGSMK2/ VARIABLE LABELS CIGSMK2 "CIGARETTE SMOKING STATUS (GRPD)"/ VALUE LABELS CIGSMK2 -8'NA'-6'No rec 8'1'Current smoker'2'Ex-smoker'

3'Never smoked'

RECODE EXSMOKE (-8 = -8)(1 THRU 9 = 1)(10 THRU 19 = 2)(20 THRU HI = 3) (-9 = -9) (-10,-6 = -6) INTO EXSMOKE1/ VARIABLE LABELS EXSMOKE1 "AMOUNT OF CIGARETTES USED TO SMOKE"

VALUE LABELS EXSMOKE1 1'1 - 9'2'10 - 19'3'20 or more'-8'NA'-9'Not ex-smker' -6'No rec 8'

```
RECODE CIGARWK (0 THRU 14 = 1)(15 THRU HI = 2)(-8 = -8)(-9 = -9)
(-10,-6 = -10) INTO-CIGARSMK/
VARIABLE LABELS CIGARSMK "NUMBER OF CIGARS SMOKED A WEEK"
VALUE LABELS CIGARSMK 1'Light - LT 15'2'Heavy - GE 15'-8'NA'-9'Not smk cigars'
-10'No rec 8'
```

+ DO IF VAL(CIGARNOW)EQ 1
+ COMPUTE CIGARST = 1
+ ELSE IF VAL(CIGARNOW)EQ 2
+ COMPUTE CIGARST = 2
+ END IF
ELSE IF VAL(AGE) LT 18
+ DO IF VAL(AGE) NE 18
+ COMPUTE CIGARST = -9
+ END IF
ELSE IF RANGE(VAL(CIGAR),-10,2)
RECODE CIGAR (2,-9 = 3)(-8 = -8)(-10,-6 = -10) INTO CIGARST
END IF
VARIABLE LABELS CIGARST "CIGAR SMOKING STATUS"
VALUE LABELS CIGARST 1'Current smoker'2'Not current'3'Never smoked' -8'NA'-9'DNA:16-17'-10'No rec 8'

# 38 NUMCIGAR

DO IF VAL(CIGAR)EQ 1

DO IF VAL(CIGARST)EQ 1 + DO IF VAL(CIGARSMK)EQ 1 + COMPUTE NUMCIGAR = 1+ ELSE IF VAL(CIGARSMK)EQ 2 + COMPUTE NUMCIGAR = 2+ END IF ELSE IF VAL(AGE) LT 18 + DO IF VAL(AGE) NE 18 + COMPUTE NUMCIGAR = -9 + END IF ELSE IF RANGE(VAL(CIGARST), -10,3) RECODE CIGARST (2 = 3)(3 = 4)(-9 = -9)(-8 = -8)(-10 = -10) INTO NUMCIGAR END IF VARIABLE LABELS NUMCIGAR "NUMBER OF CIGARS SMOKED" VALUE LABELS NUMCIGAR 1'Light - LT 15'2'Heavy - GE 15'3'Not current' 4'Never smoked'-8'NA'-9'DNA:16-17'-10'No rec 8'

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39 PIPESTAT

DO IF VAL(PIPE)EQ 1 + DO IF VAL(PIPENOW)EQ 1 + COMPUTE PIPESTAT = 1+ ELSE IF VAL(PIPENOW)EQ 2 + COMPUTE PIPESTAT = 2+ ELSE IF VAL(PIPENOW)EQ -8 + COMPUTE PIPESTAT = -8+ END IF ELSE IF VAL(AGE) LT 18 + DO IF VAL(AGE) NE 18 + COMPUTE PIPESTAT = -9+ END IF ELSE IF RANGE(VAL(PIPE),-10,2) RECODE PIPE (2,-9 = 3)(-8 = -8)(-6,-10 = -10) INTO PIPESTAT END IF VARIABLE LABELS PIPESTAT "PIPE SMOKING STATUS" VALUE LABELS PIPESTAT 1'Current smoker'2'Not current'3'Never smoked' -8'NA'-9'DNA:16-17'-10'No rec 8'

**\*DRINKING DERIVED VARIABLES** 

ADD VALUE LABELS AC1 6'Men 36-50'-6'No rec 8'

RECODE AC1 (8 THRU 14 = -9)(ELSE=COPY) INTO MENAC1/ VARIABLE LABELS MENAC1 "ALCHOL CONSUMPTION RATING - MEN" VALUE LABELS MENAC1 1'Men non-drinker'2'Men LT 1 unit'3'Men 1-10'4'Men 11-21' 5'Men 22-35'6'Men 36-50'7'Men 51 + units'-9'Women'-8'NA' -6'No rec 8'

RECODE MENAC1 (1,2 = 1)(3,4 = 2)(4 THRU HI = 3)(-8 = -8)(-9 = -9)(-6 = -6) INTO

MENACSUM/ VARIABLE LABELS MENACSUM "MEN: AC SUMMARY" VALUE LABELS MENACSUM 1'Low'2'Moderate'3'High'-8'NA'-9'Women'-6'No rec 8'

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VALUE LABELS WOMAC1 1'Women non-drinker'2'Women LT 1 unit'3'Women 1-7' 4'Women 8-14'5'Women 15-25'6'Women 26-35'7'Women 36+units' -8'NA'-9'Men'-6'No rec 8'

RECODE WOMAC1 (1,2 = 1)(3,4 = 2)(4 THRU HI = 3)(-8 = -8)(-9 = -9)(-6 = -6) INTO

WOMACSUM/

VARIABLE LABELS WOMACSUM "MEN: AC SUMMARY" VALUE LABELS WOMACSUM 1'Low'2'Moderate'3'High'-8'NA'-9'Men'-6'No rec 8'

#### \*\*\*\*\*\*\* GHQ1;GHQ2;GHQ3;GHQ4;GHQ5;GHQ6;GHQ7;GHQ8;GHQ9;GHQ10;GHQ11; 41 GHO12;GHQTOT

RECODE CONCENT (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ1/ SLEEP (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ2/ USEFUL (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHO3/ DECISION (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ4/ STRAIN (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHO5/ OVERCOME (1.2 = 0)(3.4 = 1)(-8 = -8)(-9 = -9)(-10, -6 = -6) INTO GHO6/ ENJOY (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ7/ FACE (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ8/ UNHAPPY (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ9/ CONFID (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ10/ WORTH (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHQ11/ HAPPY (1,2 = 0)(3,4 = 1)(-8 = -8)(-9 = -9)(-10,-6 = -6) INTO GHO12/

DO IF VAL(GHO1) EO -6 + DO IF VAL(GHQ1) EQ -6 + COMPUTE GHOTOT = -6+ END IF ELSE IF VAL(GHQ1) EQ -9 + DO IF VAL(GHQ1) EQ -9 + COMPUTE GHQTOT = -9+ END IF ELSE IF VAL(GHQ1) NE -6 COUNT GHQNV = GHQ1 TO GHQ12(-8) COMPUTE GHQTOT = SUM(GHQ1 TO GHQ12)IF (GHONV GT 1)GHOTOT = -1

END IF

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PSSSCR1;PSSSCR2;PSSSCR3;PSSSCR4;PSSSCR5;PSSSCR6;PSSSCR7;PSSSCTOT

VARIABLE LABELS GHQTOT "GENERAL HEALTH QUESTIONNAIRE SCORE" VALUE LABELS GHQTOT -1'NA'-9'DNA'-6'No rec 11'

RECODE HAPPY1 (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR1/ LOVED (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR2/ RELY (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR3/ CARE (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR4/ ACCEPT (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR5/ IMPORT (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR5/ SUPPORT (1=1)(2=2)(3=3)(-8 = -8)(-10,-6 = -6)(-9 = -9) INTO PSSSCR6/

DO IF VAL(PSSSCR1) EQ -6 + DO IF VAL(PSSSCR1) EQ -6 + COMPUTE PSSSCTOT = -6 + END IF ELSE IF VAL(PSSSCR1) EQ -9 + DO IF VAL(PSSSCR1) EQ -9 + COMPUTE PSSSCTOT = -9 + END IF ELSE IF VAL(PSSSCR1) NE -6 COUNT PSSSCRNV = PSSSCR1 TO PSSSCR7 (-8) COMPUTE PSSSCTOT = SUM(PSSSCR1 TO PSSSCR7)

IF (PSSSCRNV GT 1)PSSSCTOT = -1END IF

VARIABLES LABELS PSSSCTOT "PERSONAL SOCIAL SUPPORT SCORE" VALUE LABELS PSSSCTOT -1'NA'-6'No rec 11'-9'DNA'

\*\*\*\*\*\*\*\*\*\*\*\*\*

43 POSSMI

compute possmi = 0

variable labels possmi 'Possible Infarction' value labels possmi 1 'Yes' 2 'No '

If (everpain = 1) possmi = 1 If (everpain ne 1) possmi = 2 If (value(everpain) = -10) possmi = -10 If (value(everpain) = -6) possmi = -6

## 44 BLDRESP2

recode bludresp (-5,1,2,3,4,5=1) (-10,-6=2) (-7=3) (-3=4) (-2=5)(-4=6) into bldresp2/

var labels bldresp2 'Response to blood sample'

value lables bldresp2 1 'Responder'

2 'Proxy/NR to int'

3 'Ref nurse visit'

4 'Ref blood'

5 'Ineligible'

6 'Unsuccessful'

comment grouping of analytes

recode cholest (1 thru 5.1 = 1)(5.19 thru 6.49 = 2) (6.5 thru 7.79 = 3)(7.8 thru 15 = 4) into cholgrp value labels cholgrp 1 'less than 5.2' 2 '5.2 but less than 6.5' 3 '6.5 but less than 7.8' 4 'more than 7.8'/

\*\*\*\*\*

## 46 HAEMOGRP

recode haemo (8 thru 10.99 = 1)(11 thru 12.49 = 2)(12.5 thru 13.99 = 3) (14 thru 15.49 = 4)(15.5 thru hi = 5) into haemogrp value labels haemogrp 1 'less than 11' 2 '11 but less than 12.5' 3 '12.5 but less than 14' 4 '14 but less than 15.5' 5 'more than 15.5'/

recode ferrit (1 thru 12.99 = 1)(13 thru 24.99 = 2)(25 thru 49.99 = 3) (50 thru 74.99 = 4)(75 thru 99.99 = 5)(100 thru hi = 6) into ferrgrp value labels ferrgrp 1 'less than 13' 2 '13 - less than 25' 3 '25 - less than 50' 4 '50 - less than 75' 5 '75 -less than 100' 6 '100 or more'/

comment exclusions for analytes

```
compute cholexcl = 0
do if any(9,med1,med2,med3,med4,med5,med6,
  med7,med8,med9,med10,med11)
compute cholexcl = 1
end if
```

```
compute haemoexc = 0
do if any(30,med1,med2,med3,med4,med5,med6,med7,
  med8,med9,med10,med11)
compute haemoexc = 1
end if
```

value labels cholexcl 1 'takes lipid drugs' 0 'no lipids'/ haemoexc 1 'takes excluded drugs'/

```
******
```

# 49 DOCTALK2

.compute doctalk2 = -8 if (doctalk = 2 or nocv1 = 2) doctalk2=2 if (doctalk = 1 or nocv1 = 1) doctalk2=1 value labels doctalk2 1 'consulted doc' 2 'no consult'/

comment creating a summary var for those with cvd as to whether they spoke about condition or not

compute talkcond = 0 if cvconsm1 = 7 talkcond = 2 variable labels talkcond 'cv cond: whether spoke about condition'

compute bp = 0do if any(1,cvconsm1,evconsm2,cvconsm3,cvconsm4,cvconsm5,cvconsm6) compute bp = 1variable label bp 'whether spoke about bp condition' end if compute angina = 0do if any(2,cvconsm1,cvconsm2,cvconsm3,cvconsm4,cvconsm5,cvconsm6) compute angina = 1variable label angina 'whether spoke about angina condition' end if compute hattack = 0do if any(3,cvconsm1,cvconsm2,cvconsm3,cvconsm4,cvconsm5,cvconsm6) compute hattack = 1variable label hattack 'whether spoke about heart attack condition' end if compute othht = 0do if any(4,cvconsm1,cvconsm2,cvconsm3,cvconsm4,cvconsm5,cvconsm6) compute othht = 1variable label othht 'whether spoke about other heart trouble' end if compute stroke = 0do if any(5,cvconsm1,cvconsm2,cvconsm3,cvconsm4,cvconsm5,cvconsm6) compute stroke = 1variable label stroke 'whether spoke about stroke condition' end if . compute diabetes = 0do if any(6, cvconsm1, cvconsm2, cvconsm3, cvconsm4, cvconsm5, cvconsm6) compute diabetes = 1variable label diabetes 'whether spoke about diabetes ' end if compute condit = sum(bp to diabetes) if condit ge 1 talkcond = 1do if (nocv1 = 1 and nocv3 ge 1). compute nocv3 = -11end if comment corrections on use of GP if (nocv3=5 and cvd1=1) nocv3=-9if (nocv1 = 2 and cvd1 = 1) nocv1 = -9

value labels talkcond 1 'talk about a condition' 2 'didnt talk cond'/

```
51
CONTACT1;CONTACT2;CONTACT3;OUT;IN;OPAT;IPATIENT;NONE;BPM;CH
compute contact = 0
if (cvd1 = 1) and (doctalk = 1) contact = 10
if (cvd1 = 1) and (doctalk = 2) or (doctalk = -9) and (talklast ge 1) and
  (talklast le 3) contact = 12
if (cvd1 = 1) and (doctalk ne 1) and (talklast = 4) contact = 13
if (cvd1 = 1) and (doctalk ne 1) and (talklast = 5) contact = 2
compute contact 1 = 0
if range(contact, 10, 13) contact1 = 1
compute contact2 = 0
if (cvd1 = 1) and (doctalk = 1) contact2 = 1
if (cvd1 = 1) and (doctalk ne 1) and (talklast ge 1) and
 (talklast le 4) contact2=6
compute out = 0
if (cvd1 = 1) and (outpat = 1) out = 2
compute in = 0
if (cvd1 = 1) and (inpat = 1) in = 3
value labels contact2 out in 1 'doc last 2 weeks'
2 'opatient' 3 'inpatient' 6 'dr cvd cond last yr'/
compute opat = 0
if (cvd1 = 1) and (outpat = 1) and (whyopat = 1) opat = 14
if (cvd1 = 1) and (outpat = 1) and (whyopat ne 1) opat = 15
compute ipatient = 0
if (cvd1 = 1) and (inpat = 1) and (whyinpat = 1) ipatient = 16
if (cvd1 = 1) and (inpat = 1) and (why inpat ne 1) ipatient = 17
compute none = 0
if (cvd1 = 1) and (doctalk ne 1) and (talklast = 5) and (outpat = 2)
and (inpat = 2) none = 20
compute bpm = 0
if (cvd1 = 1) and (measlast = 1) bpm = 18
```

compute ch = 0if (cvd1 = 1) and (lastchol = 1) ch = 19

value labels contact contact1 opat ipatient bpm ch 1 'doc last 2 wks' 2 'no doc last yr' 6 'doc cvd last year' 10 'doc last 2 weeks' 12 'doc 2 wks to 6 mths' 13 'doc 6 mths to 1 yr' 14 'op cvd cond' 15 'op not cvd cond' 16 'ip cvd condition' 17 'ip not cvd cond' 18 'bp last 12 months' 19 'chol last 12 months' 20 'no contact with any service'/ contcomb 1 'all three' 2 'dr and inpat' 3 'dr and outpat' 4 'op and ip only' 5 'doctor only' 6 'op only' 7 'ip only' 8 'none'/

#### 

# 52 CONTCOMB

comment summary var for combinations of contact

```
compute contcomb = -10
```

```
if (contact1 = 1) and (outpat = 1) and (inpat = 1) contcomb = 1
if (contact1 = 1) and (outpat = 2) and (inpat = 1) contcomb = 2
if (contact1 = 1) and (outpat = 1) and (inpat = 2) contcomb = 3
if (contact1 = 1) and (outpat = 2) and (inpat = 2) contcomb = 5
if (contact = 2) and (outpat = 1) and (inpat = 1) contcomb = 4
if (contact = 2) and (outpat = 2) and (inpat = 1) contcomb = 7
if (contact = 2) and (outpat = 2) and (inpat = 1) contcomb = 7
if (contact = 2) and (outpat = 2) and (inpat = 2) contcomb = 8
if (outpat = 1) and (inpat = 2) and (contact = 2) contcomb = 6
if contact = 0 and outpat = 1 and inpat = 2 contcomb = 6
if contact = 0 and inpat = 1 and outpat = 2 contcomb = 7
if contact = 0 and inpat = 1 and outpat = 1 contcomb = 4
```

```
*****
```

53 CONSCVD

comment consultations about cvd condition

compute conscvd=0if (cvd1=1) and (doctalk=1) and range(cvconsm1,1,6) conscvd=1if (cvd1=1) and (doctalk ne 1) and (talklast=1) conscvd=2if (cvd1=1) and (doctalk ne 1) and (talklast=2) conscvd=3if (cvd1=1) and (doctalk ne 1) and (talklast=3) conscvd=4if (cvd1=1) and (doctalk ne 1) and (talklast=4) conscvd=5

```
if (cvd1 = 1) and (doctalk ne 1) and (talklast = 5) conscvd = 6
if (cvd1 = 1) and (doctalk = 1) and (cvconsm1 = 7) and (talklast = 1) conscvd = 12
if (cvd1 = 1) and (doctalk = 1) and (cvconsm1 = 7) and (talklast = 2) conscvd = 13
if (cvd1 = 1) and (doctalk = 1) and (cvconsm1 = 7) and (talklast = 3) conscvd = 14
if (cvd1 = 1) and (doctalk = 1) and (cvconsm1 = 7) and (talklast = 4) consevd = 15
if (cvd1 = 1) and (doctalk = 1) and (cvconsm1 = 7) and (talklast = 5) conscvd = 16
recode conscvd (1=1)(2,12=2)(3,13=3)(4,14=4)(5,15=5)(6,16=6)
value labels conscvd 1 'consult cvd last 2 wk' 2 'cvd consul 2-4wks'
 3 'cvd cons 1-3 mo' 4 'cvd cons 3-6 mo' 5 'cvd cons 6-12'
6 'more than a year' 7 'op cvd' 8 'ip cvd'
*****
54
      CONTNOCV
comment summary variable contact with health services for those with
no cvd condition
compute contnocv = 0
if (cvd1 = 2) and (nocv1 = 1) controcv = 1
if (cvd1 = 2) and (nocv1 = 2) and (nocv3 = 1) controcv = 2
if (cvd1 = 2) and (nocv1 = 2) and (nocv3 = 2) controcv = 3
if (cvd1 = 2) and (nocv1 = 2) and (nocv3 = 3) controcv=4
if (cvd1 = 2) and (nocv1 = 2) and (nocv3 = 4) controcv=5
if (cvd1 = 2) and (nocv1 = 2) and (nocv3 = 5) contnocv=6
value labels contnocy 1 'doc last 2 weeks' 2 'doc 2 wks to 1 mth'
3 '1 - 3 months' 4 '3-6 months' 5 '6 - 12 months' 6 'more than a year'/
******
55
      CURRCVD
comment variable for those with a cvd in last year
```

compute currcvd = 0
if (cvd1 = 1) and any(1,recangi,recheart,recother,recstro) or
(medcinbp = 1) or (stillbp = 1) currcvd = 1

value labels currevd 1 'had evd last 12 months'/

\*\*\*\*\*\*\*\*\*\*\*\*\*

DO IF VAL(SCHDTYP1) EQ 1 AND VAL(DRINK) EQ 2 + DO IF VAL(DRINKANY) EQ 1 + COMPUTE NONDRK = 2+ ELSE IF VAL(DRINKANY) EQ 2 + COMPUTE NONDRK = 1+ ELSE IF VAL(DRINKANY) EQ -8 + COMPUTE NONDRK = -8+ END-IF ELSE IF VAL(SCHDTYP1) EQ 1 AND VAL(DRINK) NE 2 + DO IF VAL(DRINK) EQ 1 + COMPUTE NONDRK = 2+ ELSE IF VAL(DRINK) EQ -8 + COMPUTE NONDRK = 2+ END IF ELSE IF VAL(SCHDTYP1) EQ 0 COMPUTE NONDRK = -10END IF VARIABLE LABELS NONDRK "WHETHER NON DRINKER" VALUE LABELS NONDRK 1'Nondrinker'2'Drinker'-8'NA'-10'Proxy:NR'

#### 

comment Set haemo/ferrit NA to Not Poss recode haemo,ferrit(-8=-4)

comment create new var has values for analytes recode cholest (0 thru hi = 1)(-10 = -10)(-7 = -7) (-6 = -6)(-5 = -5)(-4 = -4)(-3 = -3)(-2 = -2) into cholest1 recode haemo (0 thru hi = 1)(-10 = -10)(-7 = -7) (-6 = -6)(-5 = -5)(-4 = -4)(-3 = -3)(-2 = -2) into haemo1 recode ferrit (0 thru hi = 1)(-10 = -10)(-7 = -7) (-6 = -6)(-5 = -5)(-4 = -4)(-3 = -3)(-2 = -2) into ferrit1 value labels cholest1, haemo1, ferrit1 1 'sample analysed' -10 'proxy' -7 'nr to nurse' -8 'na' -6 'nr interview' -5 'inadequate blood' -4 'not poss tke bl' -3 'samp ref' -2 'not attempted' \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# 58 BLUDRESP

```
compute bludresp = 0
do repeat bludvals = cholest, haemo, ferrit
do if (bludvals lt 1) and (bludvals ne -5)
. compute bludresp = bludvals
end if
end repeat
do if (cholest ge 1)
do if (haemo ge 1) and (ferrit ge 1)
. compute bludresp = 1
end if
do if (ferrit ge 1) and (haemo eq -5)
. compute bludresp = 2
end if
do if (ferrit eq -5) and (haemo ge 1)
. compute bludresp = 3
end if
do if (haemo eq -5) and (ferrit eq -5)
. compute bludresp = 4
end if
end if
do if (cholest eq -5)
do if (ferrit ge 1) and (haemo ge 1)
. compute bludresp = 5
end if
do if (ferrit ge 1) and (haemo eq -5)
. compute bludresp = 6
end if
do if (ferrit eq -5) and (haemo ge 1)
. compute bludresp = 7
end if
do if (ferrit eq -5) and (haemo eq -5)
. compute bludresp = -5
end if
end if
```

comment Value labels bludresp value labels bludresp -10 'Proxy' -9 'DNA' -8 'NA' -7 'N/r to nurse' -6 'N/r to interview' -5 'Inadequate blood' -4 'Not poss to take blood' -3 'Sample refused' -2 'Not attempted' 1 'All analyzed' 2 'No Hb' 3 'No Fe' 4 'Chol only' 5 'Fe + Hb' 6 'Fe only' 7 'Hb only'

# 59 RESPGRP

comment grouping of bludresp into summary recode bludresp (-2 = -2)(-3 = -3)(-4 = -4)(-5,1 thru 5=1)(-7 = -7)(-10, -6 = -10) into respgrp value labels respgrp -2 'ineligible' -3 'sample refused' -4 'attempted not obtained' -7 'nresp nurse' -10 'proxy int nr' 1 'sample obtained'/

#### 

RECODE CONSUM1 (-8,4 = 4)(ELSE = COPY)/

DO IF VAL(SCHEDTYP) NE 2

- + DO IF VAL(SCHEDTYP) NE 2 + COMPUTE CONSUMED = -9
- + COMPUTE CONSUM
- + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(DNAPREG) NE 9
- + DO IF VAL(DNAPREG) EQ -7
- + COMPUTE CONSUMED = -7
- + ELSE IF VAL(BPREF) EQ 1
- + COMPUTE CONSUMED = -9
- + ELSE IF VAL(SECSYS) EQ -8
- + COMPUTE CONSUMED = -8
- + ELSE IF VAL(THIRDSYS) EQ -8
- + COMPUTE CONSUMED = -8
- + ELSE IF VAL(SECDIA) EQ -8
- + COMPUTE CONSUMED = -8
- + ELSE IF VAL(THIRDDIA) EQ -8
- + COMPUTE CONSUMED = -8

+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) GT 2 AND VAL(CONSUM1) EQ 4

+ COMPUTE CONSUMED = 8

+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) GT 2 AND VAL(CONSUM1) EQ 3

+ COMPUTE CONSUMED = 3

+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 2 AND VAL(CONSUM2) EQ 3

+ COMPUTE CONSUMED = 6

+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 2 AND VAL(CONSUM2) EQ

-9 + COMPUTE CONSUMED = 2 + ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 1 AND VAL(CONSUM2) NE 2 AND VAL(CONSUM2) EQ 3 + COMPUTE CONSUMED = 5+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 1 AND VAL(CONSUM2) NE 2 AND VAL(CONSUM2) EQ -9 + COMPUTE CONSUMED = 1+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 1 AND VAL(CONSUM2) EQ 2 AND VAL(CONSUM3) EQ 3 + COMPUTE CONSUMED = 7 + ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ 1 AND VAL(CONSUM2) EQ 2 AND VAL(CONSUM3) EQ -9 + COMPUTE CONSUMED = 4+ ELSE IF VAL(BPREF) EQ 2 AND VAL(CONSUM1) EQ -8 + COMPUTE CONSUMED = -8+ END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(DNAPREG) EQ 9 COMPUTE CONSUMED = -9END IF VARIABLE LABELS CONSUMED "WHETHER ATE, DRANK OR SMOKED BEFORE BP TAKEN" VALUE LABELS CONSUMED 1'Ate'2'Smoked'3'Drank'4'Ate & smoked' 5'Ate & drank'6'Smoked & drank'7'Ate,smoke,drank' 8'None'-8'NA'-9'Ref;Preg'-7'NA nurse' RECODE CONSUMED (1 THRU 7 = 1)(8 = 2)(ELSE = COPY) INTO CONSUME1/ VARIABLE LABELS CONSUME1 "WHETHER ATE, DRANK OR SMOKED BEFORE BP TAKEN (GRPD)" VALUE LABELS CONSUME1 1'Ate/drank/smoke'2'None'-8'NA'-9'Ref;Preg;Med' -7'NA nurse' \*\*\*\*\*\*\* **BPREAD** 61

DO IF VAL(SCHEDTYP) NE 2 + DO IF VAL(SCHEDTYP) NE 2 + COMPUTE BPREAD = -9 + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(DNAPREG) NE 9 + DO IF VAL(DNAPREG) EQ -7 + COMPUTE BPREAD = -7 + ELSE IF VAL(BPREF) EQ 1

+ COMPUTE BPREAD = -9+ ELSE IF VAL(CONSUME1) EQ 1 + COMPUTE BPREAD = -9+ ELSE IF VAL(SECSYS) EQ -8 + COMPUTE BPREAD = -8+ ELSE IF VAL(THIRDSYS) EQ -8 + COMPUTE BPREAD = -8+ ELSE IF VAL(SECDIA) EQ -8 + COMPUTE BPREAD = -8+ ELSE IF VAL(THIRDDIA) EQ -8 + COMPUTE BPREAD = -8+ ELSE IF VAL(BPREF) EQ 2 + COMPUTE BPREAD = 1+ END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(DNAPREG) EQ 9 **COMPUTE BPREAD = -9** END IF - VARIABLE LABELS BPREAD "VALID BLOOD PRESSURE MEASUREMENT" VALUE LABELS BPREAD -9'Preg: ref:ate etc'-8'NA; insuf data'1'BP measured' -7'NA nurse' \*\*\*\*\*\* 62 SYSTOLIC DO IF VAL(SCHEDTYP) NE 2 + DO IF VAL(SCHEDTYP) NE 2 + COMPUTE SYSTOLIC = -9+ END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) NE 1 + DO IF VAL(BPREAD) EQ -7 + COMPUTE SYSTOLIC = -7+ ELSE IF VAL(BPREAD) EQ -8

+ DO IF VAL(SCHEDTYP) NE 2 + COMPUTE SYSTOLIC = -9 + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) NE 1 + DO IF VAL(BPREAD) EQ -7 + COMPUTE SYSTOLIC = -7 + ELSE IF VAL(BPREAD) EQ -8 + COMPUTE SYSTOLIC = -8 + ELSE IF VAL(BPREAD) EQ -9 + COMPUTE SYSTOLIC = -9 + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) EQ 1 COMPUTE SYSTOLIC = (SECSYS + THIRDSYS)/2 END IF VARIABLE LABELS SYSTOLIC "MEAN SYSTOLIC BLOOD PRESSURE" VALUE LABELS SYSTOLIC -9'Preg:ref:ate etc'-8'NA'-7'NA nurse'

# \*\*\*\*\*\*

63 DIASTOL

+ COMPUTE BPMED = -8+ ELSE IF VAL(MEDCINEJ) EQ 2 + COMPUTE BPMED = 2 + ELSE IF ANY(MED1,1,2,3,4,5,6,7) + COMPUTE BPMED = 1 + ELSE IF ANY(MED2,1,2,3,4,5,6,7) + COMPUTE BPMED = 1 + ELSE IF ANY(MED3,1,2,3,4,5,6,7) + COMPUTE BPMED = 1 + ELSE IF ANY(MED4,1,2,3,4,5,6,7) + COMPUTE BPMED = 1 + ELSE IF ANY(MED5,1,2,3,4,5,6,7) + COMPUTE BPMED = 1 + ELSE IF ANY(MED6,1,2,3,4,5,6,7) + COMPUTE BPMED = 1

------

# + ELSE IF VAL(MEDCINEJ) EQ -8

- + ELSE IF VAL(BPREP) = + COMPUTE BPMED = -9
- + COMPUTE BPMED = -7+ ELSE IF VAL(BPREF) = 1
- + DO IF VAL(DNAPREG) EQ -7
- ELSE IF VAL (SCHEDTYP) EQ 2 AND VAL (DNAPREG) NE 9
- + END IF
- + COMPUTE BPMED = -9
- + DO IF VAL(SCHEDTYP) NE 2
- DO IF VAL(SCHEDTYP) NE 2

DO IF VAL(SCHEDTYP) NE 2 + DO IF VAL(SCHEDTYP) NE 2 + COMPUTE DIASTOL = -9

# 64 BPMED

+ END IF

ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) NE 1 + DO IF VAL(BPREAD) EQ -7 + COMPUTE DIASTOL = -7 + ELSE IF VAL(BPREAD) EQ -8 + COMPUTE DIASTOL = -8 + ELSE IF VAL(BPREAD) EQ -9 + COMPUTE DIASTOL = -9 + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) EQ 1 COMPUTE DIASTOL = (SECDIA + THIRDDIA)/2 END IF VARIABLE LABELS DIASTOL "MEAN DIASTOLIC BLOOD PRESSURE" VALUE LABELS DIASTOL -9'Preg:ref:ate etc'-8'NA'-7'NA nurse'

\*\*\*\*\*

+ ELSE IF ANY(MED7,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED8,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED9,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED10,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED11,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED12,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED13,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED14,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED15,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED16,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED17,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF ANY(MED18,1,2,3,4,5,6,7) + COMPUTE BPMED = 1+ ELSE IF VAL(MEDCINEJ) EQ 1 + COMPUTE BPMED = 2+ END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(DNAPREG) EQ 9 COMPUTE BPMED = -9END IF VARIABLE LABELS BPMED "WHETHER TAKING MEDICINE FOR BLOOD PRESSURE" VALUE LABELS BPMED 1'Taking medicine'2'Not taking med'-9'Preg:ref:ate etc' -7'NA to nurse'-8'NA medicine' \*\*\*\*\*\*\*\* 65 BPRESP DO IF VAL(SCHEDTYP) EQ 2 + DO IF VAL(DNAPREG) EQ 9 + COMPUTE BPRESP = 4+ ELSE IF VAL(BPREF) EQ -7 + COMPUTE BPRESP = 6+ ELSE IF VAL(BPREF) EQ 1 + COMPUTE BPRESP = 5

+ ELSE IF VAL(CONSUME1) EQ 1

+ COMPUTE BPRESP EQ 3

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+ END IF

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1 + DO IF VAL(SYSTOLIC) GE 160 + COMPUTE BPLEVEL = 2+ ELSE IF VAL(SYSTOLIC) LT 160 AND VAL(DIASTOL) LT 95 + COMPUTE BPLEVEL = 1+ ELSE IF VAL(SYSTOLIC) LT 160 AND VAL(DIASTOL) GE 95 + COMPUTE BPLEVEL = 2 + END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) EQ 1 AND VAL(BPMED) EQ 2 + DO IF VAL(SYSTOLIC) GE 160 + COMPUTE BPLEVEL = 3+ ELSE IF VAL(SYSTOLIC) LT 160 AND VAL(DIASTOL) GE 95 + COMPUTE BPLEVEL = 3 + ELSE IF VAL(DIASTOL) LT 160 AND VAL(DIASTOL) LT 95 + COMPUTE BPLEVEL = 4

ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPMED) EQ -8

- + COMPUTE BPLEVEL = -7+ END IF ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) EQ 1 AND VAL(BPMED) EQ

ELSE IF VAL(SCHEDTYP) EQ 2 AND VAL(BPREAD) NE 1

- + DO IF VAL(SCHEDTYP) NE 2 + COMPUTE BPLEVEL = -9
- DO IF VAL(SCHEDTYP) NE 2

+ DO IF VAL(BPREAD) EQ -9 + COMPUTE BPLEVEL = -9+ ELSE IF VAL(BPREAD) EQ -8 + COMPUTE BPLEVEL = -8+ ELSE IF VAL(BPREAD) EQ -7

#### 66 BPLEVEL

+ END IF

+ ELSE IF VAL(CONSUME1) EQ 2 AND VAL(BPREAD) EQ 1 + COMPUTE BPRESP = 1+ END IF ELSE IF VAL(SCHEDTYP) NE 2 **COMPUTE BPRESP = -9** END IF VARIABLE LABEL BPRESP "RESPONSE TO BLOOD PRESSURE MEASUREMENT" VALUE LABELS BPRESP 1'BP measured'2'Insuff data'3'Ate:drank:smoked'4'Pregnant' 5'Refused'6'Ref:NA nurse'-9'NR: Nurse'

- + COMPUTE BPRESP = 2
- + ELSE IF VAL(BPREAD) EQ -8

COMPUTE BPLEVEL = -8 END IF VARIABLE LABELS BPLEVEL "WHETHER BP SUCCESSFULLY CONTROLLED BY TREATMENT" VALUE LABELS BPLEVEL 1'Treat:BP cont'2'Treat:BP uncont'3'Untreat:high BP'

4'Untreat:norm BP'-9'Preg:ref:ate etc'-8'NA:insuff data' -7'NA nurse'

\*\*\*\*\*

## 67 DIABP

RECODE DIASTOL (-9 = -9)(-8 = -8)(-7 = -7)(LO THRU 84.5 = 1)(85.0 THRU 94.5 = 2)

(95.0 THRU 104.5 = 3)(105.0 THRU HI = 4) INTO DIABP/ VARIABLE LABELS DIABP "MEAN DIASTOLIC BLOOD PRESSURE (GRPD)" VALUE LABELS DIABP 1'LT 85'2'85-94'3'95-104'4'GE 105'-9'Preg:ref:ate etc'-8'NA' -7'NA nurse'

# RECODE DIASTOL (-9 = -9)(-8 = -8)(-7 = -7)(LO THRU 79.5 = 1)(80.0 THRU 84.5 = 2)(85.0 THRU 89.5 = 3)(90.0 THRU 94.5 = 4)(95.0 THRU 99.5 = 5) (100.0 THRU 104.5 = 6)(105.0 THRU 109.5 = 7) (110.0 THRU 114.5 = 8)(115.0 THRU 119.5 = 9)(120.0 THRU HI = 10) INTO DIABP1/ VARIABLE LABELS DIABP1 "MEAN DIASTOLIC BLOOD PRESSURE (GRPD)" VALUE LABELS DIABP1 -9'Preg:ref:ate etc'-8'NA'-7'NA nurse'1'LT 80'2'80-84' 3'85-89'4'90-94'5'95-99'6'100-104'7'105-109'8'110-114' 9'115-119'10'GE 120'

69 SYSBP

RECODE SYSTOLIC (-9 = -9)(-8 = -8)(-7 = -7)(LO THRU 139.5 = 1)(140.0 THRU 159.5 = 2)(160.0 THRU 179.5 = 3) (180.0 THRU HI = 4) INTO SYSBP/ VARIABLE LABELS SYSBP "MEAN SYSTOLIC BLOOD PRESSURE (GRPD)" VALUE LABELS SYSBP -9'Preg:ref:ate etc'-8'NA'-7'NA nurse'1'LT 140'2'140-159' 3'160-179'4'GE 180'

70 SYSBP1

RECODE SYSTOLIC (-9 = -9)(-8 = -8)(-7 = -7) (LO THRU 119.5 = 1) (120.0 THRU 129.5 = 2)(130.0 THRU 139.5 = 3) (140.0 THRU 149.5 = 4)(150.0 THRU 159.5 = 5) (160.0 THRU 169.5 = 6)(170.0 THRU 179.5 = 7) (180.0 THRU 189.5 = 8)(190.0 THRU 199.5 = 9) (200.0 THRU HI = 10) INTO SYSBP1/ VARIABLE LABELS SYSBP1 "MEAN SYSTOLIC BLOOD PRESSURE (GRPD)" VALUE LABELS SYSBP1 -9'Preg:ref:ate etc'-8'NA'-7'NA nurse'1'LT 120'2'120-129' 3'130-139'4'140-149'5'150-159'6'160-169'7'170-179' 8'180-189'9'190-199'10'GE 200'

RECODE ILLSM1 (41,99 = -8)(1 = 1)(2,3 = 2)(4,5 = 3)(6 THRU 8 = 4)(9,10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = 17) INTO COMPM1/ RECODE ILLSM2 (41,99 = -9)(1 = 1)(2,3 = 2)(4,5 = 3)(6 THRU 8 = 4)(9,10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = -9) INTO COMPM2/ RECODE ILLSM3 (41,99 = -9)(1 = 1)(2,3 = 2)(4,5 = 3)(6 THRU 8 = 4)(9,10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = -9) INTO COMPM3/ RECODE ILLSM4 (41,99 = -9)(1 = 1)(2,3 = 2)(4,5 = 3)(6 THRU 8 = 4)(9,10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = -9) INTO COMPM4/ RECODE ILLSM5 (41.99 = -9)(1 = 1)(2.3 = 2)(4.5 = 3)(6 THRU 8 = 4)(9.10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = -9) INTO COMPM5/ RECODE ILLSM6 (41,99 = -9)(1 = 1)(2,3 = 2)(4,5 = 3)(6 THRU 8 = 4)(9,10 = 5)(11 THRU 14 = 6)(15 THRU 21 = 7)(22 THRU 25 = 8)(26 THRU 29 = 9)(30 THRU 33 = 10)(39 = 11)(34 THRU 36 = 12)(37 = 13)(38 = 14)(40 = 15)(42 = -7)(-9 = -9) INTO COMPM6/

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# VARIABLE LABELS COMPM1 "TYPE OF LONGSTANDING ILLNESS"/ COMPM2 "TYPE OF LONGSTANDING ILLNESS"/ COMPM3 "TYPE OF LONGSTANDING ILLNESS"/ COMPM4 "TYPE OF LONGSTANDING ILLNESS"/ COMPM5 "TYPE OF LONGSTANDING ILLNESS"/

VALUE LABELS COMPM1 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10<sup>-</sup>X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness' VALUE LABELS COMPM2 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10'X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness' VALUE LABELS COMPM3 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10'X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness' VALUE LABELS COMPM4 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10'X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness' VALUE LABELS COMPM5 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10'X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness' VALUE LABELS COMPM6 -9'DNA'-8'NA'-7'No longer pres'1'II Neoplasm + Ben' 2'III Endcr + Metab'3'V Mental disorder'4'VI Nervous system'5'VI Eye' 6'VI ear'7'VII Circul syst'8'VIII Resp sys'9'IX Digestive sys' 10'X Genitourinary'11'XII skin'12'XIII Musculoskel'13'Infectious dis' 14'Blood disorders'15'Other complaints'17'No longst illness'

72 SPAN

- \* compute the average span measurement excluding invalid measurements and
- \* paired measurements that were greater than 3cms

do if (spanresp = 1)

. compute diffspan = (abs(span1 - span2))

- . compute diff3cm = 0
- . if (diffspan le 3) diff3cm = 1

```
. if (diffspan gt 3) diff3cm = 2
 . compute useable = 0
. if (spandiff ne 1 and diff3cm = 1) useable = 1
. if (spandiff = 1 \text{ or } diff 3cm = 2) useable = 2
. if (useable ne 2) span = (mean(span1, span2))
. if (useable = 2) span = -9
else if (span1 = -10)
. compute span = -10
else if (span1 = -7)
. compute span = -7
else if (span1 = -6)
. compute span = -6
else
. compute span = -9
end if
if (spanresp = 3 \text{ or } spanresp = 4 \text{ or } spanresp = -8) span = -9
variable labels span 'mean demi-span'
```

\* compute mindex and demiquet excluding invalid measurements of height and \* demispan and paired measurements of demispan that were greater than 3cms

recode span (0 thru hi = 1) (else = 0) into tempsp

```
compute mindex = 0
compute demiquet = 0
do if (wtdiff = 0 and tempsp = 1)
. compute mindex = (weight / (span/100))
. compute demiquet = (weight / ((span/100)*(span/100)))
else if (span = -10)
. compute mindex = -10
. compute demiquet = -10
else if (span = -7)
. compute mindex = -7
. compute demiquet = -7
else if (span = -6)
. compute mindex = -6
. compute demiquet = -6
else if (wtdiff ne 0 or tempsp=0)
. compute mindex = -9
. compute demiquet = -9
end if
```

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recode mindex demiquet (0 = -9)

```
DO IF VAL(WAIST1) GT 0 AND VAL(WAIST2) GT 0
COMPUTE WAISTAV = MEAN(WAIST1,WAIST2)
ELSE
COMPUTE WAISTAV = -8
END IF
```

DO IF VAL(HIP1) GT 0 AND VAL(HIP2) GT 0 COMPUTE HIPAV = MEAN(HIP1,HIP2) ELSE COMPUTE HIPAV = -8 END IF

```
DO IF VAL(HIPAV) EQ -8 OR VAL(WAISTAV) EQ -8
COMPUTE WHIPRAT = -8
ELSE
COMPUTE WHIPRAT = WAISTAV / HIPAV
END IF
```

```
VARIABLE LABELS WAISTAV "Average of 2 waist meas"
HIPAV "Average of 2 hip meas"
WHIPRAT "Waist to Hip Ratio (continuous)"
```

```
DO IF VAL(WAISTAV) EQ -8
COMPUTE WAISTDF=-9
ELSE
COMPUTE WAISTDF= WAIST1 - WAIST2
END IF
```

```
DO IF VAL(HIPAV) EQ -8
COMPUTE HIPDF=-9
ELSE
COMPUTE HIPDF= HIP1 - HIP2
END IF
```

```
RECODE WAISTDF HIPDF (-9 = -9)(-3 \text{ THRU } 3 = 0)(\text{LO THRU } -3 = 1)
```

## (3 THRU HI = 1) INTO WAISTDFG HIPDFG

```
DO IF VAL(WAISTDFG) EQ -9 OR VAL(HIPDFG) EQ -9
COMPUTE WHDIF3 = -9
ELSE IF VAL(WAISTDFG) EQ 1 OR VAL(HIPDFG) EQ 1
COMPUTE WHDIF3 = 1
ELSE
COMPUTE WHDIF3 = 0
END IF
VARIABLE LABELS WHDIF3 "Difference between repeat measurements"
VALUE LABELS WHDIF3 -9 "Meas missing" 0 "Diff 3 or less" 1 "Diff > 3 cm"
DO IF SEX EQ 1
+ DO IF VAL(WHDIF3) NE 0
+ COMPUTE WHRATM1 = -8
+ ELSE IF VAL(WHDIF3) EO 0
+ RECODE WHIPRAT (LO THRU 0.813=1)(0.813 THRU 0.844=2)
 (0.844 \text{ THRU } 0.864 = 3)(0.864 \text{ THRU } 0.887 = 4)(0.887 \text{ THRU } 0.905 = 5)
 (0.905 \text{ THRU } 0.920 = 6)(0.920 \text{ THRU } 0.937 = 7)(0.937 \text{ THRU } 0.958 = 8)
 (0.958 THRU 0.986 = 9)(0.986 THRU HI = 10) INTO WHRATM1
+ END IF
ELSE IF SEX EQ 2
COMPUTE WHRATM1 = -9
END IF
DO IF SEX EO 2
+ DO IF VAL(WHDIF3) NE 0
+ COMPUTE WHRATF1 = -8
+ ELSE IF VAL(WHDIF3) EQ 0
+ RECODE WHIPRAT (LO THRU 0.717=1)(0.717 THRU 0.739=2)
 (0.739 THRU 0.757 = 3) (0.757 THRU 0.772 = 4) (0.772 THRU 0.787 = 5)
 (0.787 \text{ THRU } 0.802 = 6)(0.802 \text{ THRU } 0.823 = 7)(0.823 \text{ THRU } 0.847 = 8)
 (0.847 THRU 0.879=9)(0.879 THRU HI=10) INTO WHRATF1
+ END IF
ELSE IF SEX EQ 1
COMPUTE WHRATF1 = -9
END IF
RECODEWHRATM1WHRAT
   F 1
(1,2=1)(3,4=2)(5,6=3)(7,8=4)(9,10=5)(ELSE=COPY)
  INTO WHRATM2 WHRATF2
VARIABLE LABELS WHRATM1 "Waist-Hip Ratio decile distrib for men"
 WHRATF1 "Waist-Hip Ratio decile distrib for women"
```

WHRATM2 "Waist-Hip Ratio quintile distrib for men"

WHRATF2 "Waist-Hip Ratio quintile distrib for women"

230

VALUE LABELS WHRATM1 1 "0.717-0.813" 2 ">0.813-0.844" 3 ">0.844-0.864" 4 ">0.864-0.887" 5 ">0.887-0.905" 6 ">0.905-0.920" 7 ">0.920-0.937" 8 ">0.937-0.958" 9 ">0.958-0.986" 10 ">0.986-1.193"/ WHRATF1 1 "0.615-0.717" 2 ">0.717-0.739" 3 ">0.739-0.757" 4 ">0.757-0.772" 5 ">0.772-0.787" 6 ">0.787-0.802" 7 ">0.802-0.823" 8 ">0.823-0.847" 9 ">0.847-0.879" 10 ">0.879-1.015"/ WHRATM2 1 "0.717-0.844" 2 ">0.844-0.887" 3 ">0.887-0.920" 4 ">0.920-0.958" 5 ">0.958-1.193"/ WHRATF2 1 "0.615-0.739" 2 ">0.739-0.772" 3 ">0.772-0.802" 4 ">0.802-0.847" 5 ">0.847-1.015"

DESCRIPTIVES VARIABLES = WAISTAV HIPAV WHIPRAT

75 **TOPQUAL4** 

RECODE TOPOUAL2 (1 THRU 3 = 1)(4 THRU 6 = 2)(7 = 3)(8 = -9)(-8 = -8) (else = copy) INTO TOPQUAL4/ -

VARIABLE LABELS TOPQUAL4 "HIGHEST EDUCATIONAL QUALIFICATION" VALUE LABELS TOPQUAL4 1'A lev + higher'2'Other'3'None'-8'NA'-9'FT student'

76 **DRUNK1: DRINKER** 

DO IF VAL(TYPEDRK) EQ -9 + DO IF VAL(TYPEDRK) EQ -9 + COMPUTE DRUNK1 = -9+ END IF + ELSE IF VAL(INTDRINK) EQ 4 + DO IF VAL(DTIMES) EQ 1 + COMPUTE DRUNK1 = 1+ ELSE IF VAL(DTIMES) EQ 2 + COMPUTE DRUNK1 = 2+ ELSE IF RANGE(VAL(DTIMES),3,41) + COMPUTE DRUNK1 = 3+ ELSE IF VAL(DTIMES) EQ -8 + COMPUTE DRUNK1 = -8+ ELSE IF VAL(DRUNK) EQ 2 + COMPUTE DRUNK1 = 4

- + ELSE IF VAL(DRUNK) EQ -8
- + COMPUTE DRUNK1 = -8

+ COMPLITE STOPPED = -8

+ ELSE IF VAL(ALWAYSTT) EQ 2 AND (WHYTT) EQ -8

+ COMPUTE STOPPED = 3

ELSE IF VAL(DRINKER) NE 2 + DO IF VAL(DRINKER) EQ 1

......

+ ELSE IF VAL(ALWAYSTT) EQ 2 AND (WHYTT) EQ 2

+ COMPUTE STOPPED = 2

+ ELSE IF VAL(ALWAYSTT) EQ 2 AND (WHYTT) EQ 1

+ COMPUTE STOPPED = 1

```
DO IF VAL(DRINKER) EQ 2
+ DO IF VAL(ALWAYSTT) EQ 1
```

INTO DRINKER/

VALUE LABELS DRINKER 1'DRINKER'2'NON-DRINKER'-8'NA'-6'No rec 8'

+ COMPUTE DRUNK1 = 
$$-6$$

+ COMPUTE DRUNK1 = 
$$-6$$

+ ELSE IF VAL(INIDRINK) EQ -10  
+ COMPUTE DRUNK1 = 
$$-6$$

+ COMPUTE DRUNK1 = 5

+ COMPUTE DRUNK1 = -8+ ELSE IF VAL(INTDRINK) EQ 1

+ ELSE IF VAL(INTDRINK) E  
+ COMPLITE DPUNK1 
$$= -6$$

+ ELSE IF VAL(INIDRINK) EQ  
+ COMPLITE DRUNK1 
$$- -6$$

+ ELSE IF VAL(INIDRINK) EQ -10  
+ COMPLITE DRUNK1 = 
$$-6$$

+ ELSE IF VAL(INTDRINK) NE 4 + DO IF VAL(INTDRINK) EQ 2 + COMPUTE DRUNK1 = 5

+ ELSE IF VAL(INTDRINK) EQ 3

+ ELSE IF VAL(INTDRINK) EQ 5

+ COMPUTE DRUNK1 = 
$$-6$$

- COMPUTE DRUNK1 = 
$$-6$$

$$COMPUTE DRUNK1 = -6$$

COMPUTE DRUNK1 = 
$$-6$$

- COMPUTE DRUNK1 = 
$$-6$$

+ COMPUTE DRUNK1 = 
$$-6$$

+ COMPUTE DRUNKT = 
$$-6$$

+ END IF

- + ELSE IF VAL(DRINKER) EQ -6
- + COMPUTE STOPPED = -6
- + ELSE IF VAL(DRINKER) EQ -8
- + COMPUTE STOPPED = -8
- + END IF

END IF

VARIABLE LABELS STOPPED "WHETHER ALWAYS BEEN TEA-TOTALLER" VALUE LABELS STOPPED 1'Always non-drker'2'Stopped-health'3'Stopped-other' -8'NA'-9'Drinker'-6'No rec 8'

\*\*\*\*\*\*\*\*\*\*\*\*\*

#### 78 ECSTAT: ECSTA4

DO IF VAL(ECSTA3) EQ 1

- + DO IF VAL(THIRTYHR) EQ 1
- + COMPUTE ECSTAT = 1
- + ELSE IF VAL(THIRTYHR) EQ 2
- + COMPUTE ECSTAT = 2
- + ELSE IF VAL(THIRTYHR) EQ -8
- + COMPUTE ECSTAT = 3
- + END IF
- ELSE IF VAL(ECSTA3) EQ 5 AND VAL(IFNOJOB) EQ 4
- + DO IF VAL(IFNOJOB) EQ 4
- + COMPUTE ECSTAT = 8
- + END IF

ELSE IF VAL(ECSTA3) EQ 5 AND VAL(IFNOJOB) EQ 5

- + DO IF VAL(IFNOJOB) EQ 5
- + COMPUTE ECSTAT = 7
- + END IF

- ELSE IF VAL(ECSTA3) EQ 5
- + DO IF VAL(ECSTA3) EQ 5
- + COMPUTE ECSTAT = 9
- + END IF

- ELSE IF VAL(ECSTA3) EQ 2
- + DO IF VAL(ECSTA3) EQ 2
- + COMPUTE ECSTAT = 4
- + END IF

- ELSE IF VAL(ECSTA3) EQ 3
- + DO IF VAL(ECSTA3) EQ 3
- + COMPUTE ECSTAT = 5

- + END IF
- ELSE IF VAL(ECSTA3) EQ 4
- + DO IF VAL(ECSTA3) EQ 4
- + COMPUTE ECSTAT = 6
- + END IF

ELSE IF VAL(ECSTA3) EQ -10 + DO IF VAL(ECSTA3) EQ -10 + COMPUTE ECSTAT = -10 + END IF ELSE IF VAL(ECSTA3) EQ -6 COMPUTE ECSTAT = -6 END IF VARIABLE LABELS ECSTAT "EXTENDED ECONOMIC ACTIVITY STATUS" VALUE LABELS ECSTAT 1'Working:FT'2'Working:PT'3'Working:NA'4'Unemployed' 5'Retired'6'Keeping house'7'Perm unable work'8'FT student' 9'Other inactive'/ RECODE ECSTAT (5 THRU 9 = 5)(ELSE=COPY) INTO ECSTA4/ VARIABLE LABELS ECSTA4 "ECONOMIC ACTIVITY STATUS" VALUE LABELS ECSTA4 "ECONOMIC ACTIVITY STATUS" VALUE LABELS ECSTA4 1'Work:FT'2'Work:PT'3'Work:NA'4'Unemployed '5'Econ inactive'

#### 

RECODE SCHEDTYP (2,3 = 1)(0,1 = 0) INTO SCHDTYP1/ VARIABLE LABELS SCHDTYP1 "WHETHER FULL INTERVIEW" VALUE LABELS SCHDTYP1 1'Full interview'2'Not full'

RECODE DRINKOFT (1 THRU 6 = 1)(7,8 = 2)(-9 = -9)(-8 = -8)(-10,-6 = -10) INTO DRKOFT1/ VARIABLE LABELS DRKOFT1 "WHETHER ASKED PROBLEM DRINKING QUESTIONS" VALUE LABELS DRKOFT1 1'Asked'2'Not asked'-9'DNA'-8'NA'-10'Proxy:NR'

81 TYPEDRK;CAGE1;CAGE2;CAGE3;CAGE4;CAGE5;CAGE6;CAGETOT;CAGESCR

DO IF VAL(SCHDTYP1) EQ 1 + DO IF VAL(AC1) EQ 1 + COMPUTE TYPEDRK = -9

+ DO IF VAL(DRUNK) EQ 2

AND VAL(TYPEDRK) NE -9 AND VAL(DRUNK) NE 1

5

+ END IF ELSE IF VAL(SCHDTYP1) EQ 1 AND VAL(DRKOFT1) EQ 1 & VAL(INTDRINK) NE

- + COMPUTE DRUNK1 = -8
- + ELSE IF VAL(DTIMES) EQ -8
- + COMPUTE DRUNK1 = 3
- + ELSE IF RANGE(VAL(DTIMES),3,41)
- + COMPUTE DRUNK1 = 2
- + ELSE IF VAL(DTIMES) EQ 2
- + COMPUTE DRUNK1 = 1
- + DO IF VAL(DTIMES) EQ 1

AND VAL(TYPEDRK) NE -9 AND VAL(DRUNK) EQ 1

NE 5

+ END IF ELSE IF VAL(SCHDTYP1) EQ 1 AND VAL(DRKOFT1) EQ 1 AND VAL(INTDRINK)

- + COMPUTE DRUNK1 = -9
- + DO IF VAL(DRKOFT1) NE 1

ELSE IF VAL(SCHDTYP1) EQ 1 AND VAL(DRKOFT1) NE 1

+ END IF

- + COMPUTE DRUNK1 = -10
- + DO IF VAL(SCHDTYP1) EQ 0

DO IF VAL(SCHDTYP1) EQ 0

VARIABLE LABELS TYPEDRK "TYPE OF DRINKER" VALUE LABELS TYPEDRK -10'Proxy:NR'-8'NA'-9'Non-drinker'1'Light'2'Moderate' 3'Heavy'

ELSE IF VAL(SCHDTYP1) EQ 0 COMPUTE TYPEDRK = -10 .

+ END IF

END IF

+ COMPUTE TYPEDRK = -8

+ ELSE IF VAL(AC1) EQ -8

- + COMPUTE TYPEDRK = 3
- + ELSE IF RANGE(VAL(AC1),13,14)
- + COMPUTE TYPEDRK = 3
- + ELSE IF RANGE(VAL(AC1),6,7)
- + COMPUTE TYPEDRK = 2
- + ELSE IF VAL(AC1) EQ 12
- + COMPUTE TYPEDRK = 2
- + ELSE IF VAL(AC1) EQ 5
- + COMPUTE TYPEDRK = 1
- + ELSE IF RANGE(VAL(AC1),9,11)
- + COMPUTE TYPEDRK = 1
- + ELSE IF RANGE(VAL(AC1),2,4)
- + COMPUTE TYPEDRK = -9

+ COMPUTE DRUNK1 = 4+ ELSE IF VAL(DRUNK) EQ -8 + COMPUTE DRUNK1 = -8+ END IF ELSE IF VAL(SCHDTYP1) EO 1 + DO IF VAL(SCHDTYP1) EO 1 + COMPUTE DRUNK1 = -9+ END IF END IF VARIABLE LABELS DRUNK1 "WHETHER BEEN DRUNK IN LAST 3 MONTHS" VALUE LABELS DRUNK1 1'Drunk-1'2'Drunk-2'3'Drunk-3+'4'Not drunk'-9'DNA' -8'NA'-10'Proxy:NR' RECODE DCUT (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE1/ RECODE DGUILT (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE2/ RECODE DCRITIC (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE3/ RECODE DSHAKES (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE4/ RECODE DNERVES (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE5/ RECODE DUNABLE (1 = 1)(2 = 0)(-8 = -8)(-10, -6 = -6)(-9 = -9) INTO CAGE6/ DO IF VAL(CAGE1) EQ -6 + DO IF VAL(CAGE1) EQ -6 + COMPUTE CAGETOT = -6+ END IF ELSE IF VAL(TYPEDRK) EQ -9 + DO IF VAL(TYPEDRK) EQ -9 + COMPUTE CAGETOT = -9+ END IF ELSE IF VAL(CAGE1) EQ -9 + DO IF VAL(CAGE1) EQ -9 + COMPUTE CAGETOT = -9+ END IF ELSE IF VAL(DRKOFT1) NE 1 + DO IF VAL(DRKOFT1) NE 1 + COMPUTE CAGETOT = -9+ END IF ELSE IF VAL(CAGE1) NE -6 COUNT CAGENV = CAGE1 TO CAGE6 (-8) COMPUTE CAGETOT = SUM(CAGE1 TO CAGE6)MISSING VALUES CAGETOT (-1) IF (CAGENV GT 0)CAGETOT = -1END IF RECODE CAGETOT (0,1 = 1)(2 THRU 6 = 2)(-1 = -1)(-6 = -6)(-9 = -9) INTO CAGESCR/ VARIABLE LABEL CAGESCR "CAGE SCORE - WHETHER PROBLEM DRINKER" VALUE LABELS CAGESCR 1'Not problem'2'Problem drinker'-1'NA'-6'No rec 8'-9'DNA'

## 82 CUTDOWN

DO IF VAL(SCHDTYP1) EQ 1 AND VAL(AGE) GE 18 AND VAL(NONDRK) EQ 2 + DO IF VAL(DRAMOUNT)EQ 3 AND VAL(DRINKCUT) EQ 1

+ COMPUTE CUTDOWN = 1

+ ELSE IF VAL(DRAMOUNT) EQ 3 AND VAL(DRINKCUT) EQ 2

+ COMPUTE CUTDOWN = 2

+ ELSE IF VAL(DRAMOUNT) EQ 1

+ COMPUTE CUTDOWN = 3

+ ELSE IF VAL(DRAMOUNT) EQ 2

- + COMPUTE CUTDOWN = 3
- + ELSE IF VAL(DRAMOUNT) EQ -8
- + COMPUTE CUTDOWN = -8
- + ELSE IF VAL(DRINKCUT) EQ -8
- + COMPUTE CUTDOWN = -8

+ END IF

ELSE IF VAL(SCHDTYP1) EQ 1 AND VAL(AGE) GE 18 AND VAL(NONDRK) NE 2

- + DO IF VAL(NONDRK) EQ 1
- + COMPUTE CUTDOWN = -9
- + ELSE IF VAL(NONDRK) EQ -8
- + COMPUTE CUTDOWN = -8
- + END IF

ELSE IF VAL(SCHDTYP1) EQ 1

+ DO IF VAL(AGE) LT 18

+ COMPUTE CUTDOWN = -10

+ END IF

ELSE IF VAL(SCHDTYP1) EQ 0

COMPUTE CUTDOWN = -10

END IF

VARIABLE LABELS CUTDOWN "WHETHER CUT DOWN DRINKING DUE TO HEALTH"

VALUE LABELS CUTDOWN 1'Cutdown-Health'2'cutdown-not hlth'3'Not cut down' -9'Non-drinker'-8'NA'-10'Proxy:NR:LT18'

\*\*\*\*\*\*



# HEALTH SURVEY FOR ENGLAND: 1991

Derived Variables created in SIR database (by Survey Branch)

| DERIVED VARIABLES | BOX NUMBER |
|-------------------|------------|
| AC1               | 42         |
| ACTLEVEL          | 21         |
| CIGADAYPR         | 33         |
| CIGSADAY          | 29         |
| CIGSMKNG          | 30         |
| CIGSMKPR          | 34         |
| DKVIG20S          | 25         |
| DRATING           | 41         |
| DRKMOSTQ          | 35         |
| GHQ12SCR          | 43         |
| HOMEACTY          | 18         |
| NUMOCC            | 26         |
| NUMOCCSP          | 22         |
| PSSSCR            | 44         |
| QBEER             | 37         |
| QSHANDY           | 36         |
| QSHERRY           | 39         |
| QSPIRITS          | 38         |
| QUALACTY          | 27         |
| QWINE             | 40         |
| SCHEDTYP          | 1          |
| SEGE              | 5          |
| SEGEHH            | 13         |
| SEGEPR            | 11         |
| SEGEST            | 4          |
| SEGPRHH           | 15         |
| SMOKESTA          | 31         |
| SOCLASE           | 8          |
| SOCLASPR          | 12         |
| SOCLASST          | 7          |

| SOCLHH   | 14 |
|----------|----|
| SOCPRHH  | 16 |
| SPRTACTY | 20 |
| TOTCIGPR | 32 |
| TOTCIGY  | 28 |
| VIGOCCSP | 23 |
| VIG20SP  | 24 |
| WALKACTY | 17 |
| WORKACTY | 19 |
| XSIZE    | 2  |
| XSIZEE   | 9  |
| XSTATUS  | 3  |
| XSTATUSE | 10 |

-

# **1** SCHEDTYP

Specification:

Derive this variable during structure check; ie. dependent upon which records are present.

Initially set to 0

If (schedule E is present) then SCHEDTYP=1

else if (schedule B and schedule J are present) then SCHEDTYP=2

else if (schedule B is present and schedule J is not) then SCHEDTYP=3

#### Notes:

The data from schedules B (individual schedule), E (proxy schedule) and J (nurse schedule) should be included on the individual save file.

If SCHEDTYP=1 (ie proxy), all the variables on schedule B and schedule J should be coded -6.

If SCHEDTYP=2 (ie full interview and nurse data), all the variables on schedule E should be coded -5.

If SCHEDTYP=3 (ie full interview and no nurse data), all the variables on schedule E should be coded -5 and all the variables on schedule J should be coded -7.

Value labels: (-5) No proxy interview (-6) Proxy interview (-7) No nurse visit

# 2 XSIZE

```
Variable name: XSIZE
Variable label: Number of employees
Storage type: integer
Range: 0 to 5
Missing Values: -9, -6
Value labels: (-9) DNA, never worked
                 (-6) Proxy interview
                      Empe, 1-24 emps
Empe, 25-499 emps
                 (1)
                 (2)
                 (3)
                      Empe, 500+ emps
                      Selfemp, with emps
                 (4)
                 (5)
                      Selfemp, no emps
Author: Gerry Nicolaas
Date: 11.12.91
Specification:
Initially set to 0
If (SCHEDTYP=1) then XSIZE=-6
Else if (EMPLOYEE=1) and (NEMPLEE=1 or NEMPLEE=-8)
  then XSIZE=1
Else if (EMPLOYEE=1) and (NEMPLEE=2) -
Else if (EMPLOYEE=1) and (NEMPLEE=3)
  then XSIZE=2
  then XSIZE=3
Else if (EMPLOYEE=2) and (SNEMPLEE=1 or SNEMPLEE=2)
   then XSIZE=4
Else if (EMPLOYEE=2) and (SNEMPLEE=3 or SNEMPLEE=-8) then XSIZE=5
Else if (EVERPAID=2) then XSIZE=-9
```

### <u>Notes:</u>

This variable is used in editing the data. To reduce the number of occasions when census matrix would not work because the size of the establishment was not given, an assumption has been made that any no answer at NEMPLEE is less than 25 employees, and at SNEMPLEE is no employees. This is comparable with what has occurred in previous years on the GHS survey.

This derived variable is only used temporarily in order to derive SEG and social class. Once these variables have been derived XSIZE can be deleted from the file.

## 3 XSTATUS

```
Variable name: XSTATUS
Variable label: Employment status
Storage type: integer
Range: 0 to 5
Missing Values: -9, -6
                 (-9) DNA, never worked
Value labels:
                  (-6) Proxy interview
                       Empe, employee
                 (1)
                  (2)
                       Empe, manager
                       Empe, foreman/sv
                 (3)
                       Selfemp, with emp
                  (4)
                       Selfemp, no empe
                 (5)
Author: Gerry Nicolaas
Date: 11.12.91
Specification:
Initially set to 0
If (SCHEDTYP=1)
   then XSTATUS=-6
Else if (EMPLOYEE=1) and (EMPSTAT=3)
Else if (EMPLOYEE=1) and (EMPSTAT=1)
Else if (EMPLOYEE=1) and (EMPSTAT=2)
   then XSTATUS=1
   then XSTATUS=2
   then XSTATUS=3
   then XSTATUS=4
Else if (EMPLOYEE=2) and (SNEMPLEE=1,2)
Else if (EMPLOYEE=2) and (SNEMPLEE=3,-8) then XSTATUS=5
   then XSTATUS=-9
Else if (EVERPAID=2)
```

<u>Notes:</u>

This derived variable is based on the same derived variable used on the GHS survey.

This derived variable is only used temporarily in order to derive SEG and social class. Once these variables have been derived XSTATUS can be deleted from the file.

#### SEGEST 4

| $ \begin{array}{c} - & (-6) \\ (-1) \\ (20) \\ (1) \\ (2) \\ (3) \\ (4) \\ (5) \\ (6) \\ (7) \\ (6) \\ (7) \\ (8) \\ (9) \\ (10) \\ (11) \\ (12) \\ (13) \\ (14) \\ (15) \\ (16) \\ (17) \\ (18) \end{array} $ | er<br>-8, -6, -1 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <u>Specification:</u><br>Initially set to 0                                                                                                                                                                    |                  |
| -                                                                                                                                                                                                              |                  |

If SCHEDTYP=1 then SEGEST=-6

else if (IFNOJOB=4) and EVERPAID=2 then SEGEST=20

else if (EVERPAID=2) then SEGEST=-9

else if (OCC=000) then SEGEST=-8

else if (XSTATUS=1-5) and (OCC GT 000) and (XSIZE=1-5) then SEGEST=SEG\*

\* Value transferred from the census matrix records with the same status, occ code and size. The matrix records give real values (allow for 1 decimal place) that need to be recoded into the values given above (see table 1).

NB If SEG=blank then SEGEST=-1

### <u>Notes:</u>

Students who were working in the previous week are coded according to that job. Students who have never had a job and are waiting to take up a job they had already obtained, are coded according to the job they are waiting to take up. Students who have had a job in the past are coded according to the most recent job. All other students (ie students who have never worked and are not waiting to take up a job they have already obtained) are coded as being a full time student.

The variable SEGEST is based on the same derived variable used on the GHS survey.

| <u>Matrix value</u> | <u>New value<sup>1</sup></u> | <u>Label</u>     |
|---------------------|------------------------------|------------------|
| 1.1                 | 1                            | Employers:large  |
| 1.2                 | 2                            | Managers:large   |
| 2.1                 | 3                            | Employers:small  |
| 2.2                 | 4                            | Managers:small   |
| 3                   | 5                            | Prof:selfemp     |
| 4                   | 6                            | Prof:employee    |
| 5.1                 | 7                            | Int non-man anc  |
| 5.2                 | 8                            | Int non-m foremn |
| 6                   | 9                            | Junior non-man   |
| 7                   | 10                           | Personal service |
| 8                   | 11                           | Manual:foremn/sv |
| 9                   | 12                           | Skilled manual   |
| 10                  | 13                           | Semi-skilled man |
| 11                  | 14                           | Unskilled man    |
| 12                  | 15                           | Own acc non-prof |
| 13                  | 16                           | Farmers:emp&mgrs |
| 14                  | 17                           | Farmers:own acc  |
| 15                  | 18                           | Agric workers    |
| 16                  | 19                           | Armed forces     |
| 17                  | -8                           | NA, Inadeq descr |

Table 1 Recoding of matrix values

## 5 SEGE

Variable name: SEGE Variable label: SEG (FT stud=sep cat) Storage type: integer Range: 0 to 20 Missing Values: -9, -8, -6, -1 Value labels: (-9) DNA, never worked (-8) NA, inadeg descr

<sup>1</sup> The variables SEGE, SEGEST and SEGEPR are assigned these new values.

| (-6)<br>(-1) | -                |
|--------------|------------------|
|              | FT student       |
| (1)          |                  |
| (2)          |                  |
| (3)          | Employers:small  |
| (4)          |                  |
| (5)          | Prof:selfemp     |
| (6)          | Prof:employee    |
| (7)          | Int non-man anc  |
| (8)          | Int non-m foremn |
| (9)          | Junior non-man   |
| (10)         | Personal service |
| (11)         | Manual:foremn/sv |
|              | Skilled manual   |
| (13)         |                  |
| (14)         |                  |
| (15)         |                  |
| • •          | Farmers:emp&mgrs |
| (10)         |                  |
| (17)         |                  |
|              | 2                |
| (19)         | Armed forces     |

Specification:

Initially set to 0

If (IFNOJOB=4) or (SCHOOL=1) then SEGE=20

else (SEGE=SEGEST)

<u>Notes:</u>

All full time students are given code 20, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

This derived variable is based on the same derived variable used on the GHS survey.

## 7 SOCLASST

- ( 2) II
  ( 3) IIIN
  ( 4) IIIM
  ( 5) IV
  ( 6) V
  ( 7) Armed forces
- (8) Not fully descr
- (9) FT student (never work)

### Specification:

Initially set to 0

If SCHEDTYP=1 then SOCLASST=-6

else if (IFNOJOB=4) and (EVERPAID=2) then SOCLASST=9

else if (EVERPAID=2) then SOCLASST=-9

else if (OCC=000) then SOCLASST=-8

else if [(XSTATUS=1-5) and (OCC GT 000) and (XSIZE=1-5)]
SOCLASST=SOCCLASS#

# Value transferred from the census matrix records with the same status, occ code and size. The matrix records give real values (allow for 1 decimal place) that need to be recoded into the values given above (see table 1).

| NB | Ιf | (SOCCLASS=blank) |         | then | SOCLASST=-1 |
|----|----|------------------|---------|------|-------------|
|    | If | (SOCCLASS=armed  | forces) | then | SOCLASST=7  |
|    | If | (SOCCLASS=17)    |         | then | SOCLASST=8  |

#### <u>Notes:</u>

Students who were working in the previous week are coded according to that job. Students who have never had a job and are waiting to take up a job they had already obtained, are coded according to the job they are waiting to take up. Students who have had a job in the past are coded according to the most recent job. All other students (ie students who have never worked and are not waiting to take up a job they have already obtained) are coded as being a full time student.

The variable SOCLASST is based on the same derived variable used on the GHS survey.

#### 

## 8 SOCLASE

Variable name: SOCLASE Variable label: Soc class (FT stud=sep cat) Storage type: integer Range: 0 to 9 -Missing Values: -9, -8, -6, -1 Value labels: (-9) DNA, never worked (-8) NA, inadeq descr (-6) Proxy interview (-1) Matrix blank (1) I (2) II 3) IIIN 4) IIIM 5) IV (6) V (7) Armed forces (8) Not fully descr (9) FT student

### <u>Specification:</u>

Initially set to 0

If (IFNOJOB=4) or (SCHOOL=1) then SOCLASE=9

else (SOCLASE=SOCLASST)

Notes:

All full time students are given code 9, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

This derived variable is based on the same derived variable used on the GHS survey.

## 9 XSIZEE

Variable name: XSIZEE Variable label: Number of employees (proxy) Storage type: integer Range: 0 to 5 Missing Values: -9, -5 (-9) DNA, never worked Value labels: (-5) No proxy Empe, 1-24 emps (1)Empe, 25-499 emps (2) Empe, 500+ emps (3) Selfemp, with emps Selfemp, no emps (4) (5)

Author: Gerry Nicolaas Date: 11.12.91

Specification:

Initially set to 0

If (SCHEDTYP=2 or SCHEDTYP=3) then XSIZEE=-5

Else if (EMPLYEEE=1) and (NEMPLEEE=1 or NEMPLEEE=-8) then XSIZEE=1 Else if (EMPLYEEE=1) and (NEMPLEEE=2) then XSIZEE=2 Else if (EMPLYEEE=1) and (NEMPLEEE=3) then XSIZEE=3 Else if (EMPLYEEE=2) and (SNMPLEEE=1 or SNMPLEEE=2) then XSIZEE=4 Else if (EMPLYEEE=2) and (SNMPLEEE=3 or SNMPLEEE=-8) then XSIZEE=5

Else if (EVRPAIDE=2) then XSIZEE=-9

### Notes:

This variable is used in editing the data. To reduce the number of occasions when census matrix would not work because the size of the establishment was not given, an assumption has been made that any no answer at NEMPLEEE is less than 25 employees, and at SNMPLEEE is no employees. This is comparable with what has occurred in previous years on the GHS survey.

This derived variable is only used temporarily in order to derive SEG and social class. Once these variables have been derived XSIZEE can be deleted from the file.

## 10 XSTATUSE

Variable name: XSTATUSE Variable label: Employment status (proxy) Storage type: integer Range: 0 to 5 Missing Values: -9, -5 (-9) DNA, never worked Value labels: (-5) No proxy (1)Empe, employee (2) Empe, manager (3)Empe, foreman/sv (4) Selfemp, with emp (5) Selfemp, no empe Author: Gerry Nicolaas Date: 11.12.91 Specification:

Initially set to 0

If (SCHEDTYP=2 or SCHEDTYP=3)

then XSTATUSE=-5

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Else if (EMPLYEEE=1) and (EMPSTATE=3) then XSTATUSE=1 Else if (EMPLYEEE=1) and (EMPSTATE=1) then XSTATUSE=2 Else if (EMPLYEEE=1) and (EMPSTATE=2) then XSTATUSE=3 Else if (EMPLYEEE=2) and (SNMPLEEE=1,2) then XSTATUSE=4 Else if (EMPLYEEE=2) and (SNMPLEEE=3 or SNMPLEEE=-8) then XSTATUSE=5

Else if (EVRPAIDE=2) then XSTATUSE=-9

<u>Notes:</u>

This derived variable is based on the same derived variable used on the GHS survey.

This derived variable is only used temporarily in order to derive SEG and social class. Once these variables have been derived XSTATUSE can be deleted from the file.

## 11 SEGEPR

|   | -                    |                              |
|---|----------------------|------------------------------|
| - | Variable name: SEGE  |                              |
|   |                      | (Inf=proxy, FT stud=sep cat) |
|   | Storage type: intege | er                           |
|   | Range: 0 to 20       |                              |
|   | Missing Values: -9,  |                              |
|   | Value labels: (-9)   |                              |
|   | (-8)                 | NA, inadeq descr             |
|   | (-5)                 | No proxy                     |
|   | (-1)                 | Matrix blank                 |
|   |                      | FT student                   |
|   | (1)                  | Employers:large              |
|   | (2)                  | Managers:large               |
|   | (3)                  | Employers:small              |
|   | (4)                  | Managers:small               |
|   |                      | Prof:selfemp                 |
|   |                      | Prof:employee                |
|   |                      | Int non-man anc              |
|   |                      | Int non-m foremn             |
|   | (9)                  | Junior non-man               |
|   |                      | Personal service             |
|   | (11)                 | Manual:foremn/sv             |
|   | (12)                 | Skilled manual               |
|   | (13)                 | Semi-skilled man             |
|   | (14)                 | Unskilled man                |
|   | (15)                 | Own acc non-prof             |
|   |                      | Farmers:emp&mgrs             |
|   |                      | Farmers:own acc              |
|   |                      | Agric workers                |
|   |                      | Armed forces                 |
|   |                      |                              |

#### Specification:

Initially set to 0

If (SCHEDTYP=2 or SCHEDTYP=3) then SEGEPR=-5

else if (IFNOJOBE=4) or (SCHOOLE=1) then SEGEPR=20

else if (EVRPAIDE=2) then SEGEPR=-9

else if (OCCE=000) then SEGEPR=-8

else if (XSTATUSE=1-5) and (OCCE GT 000) and (XSIZEE=1-5) then SEGEPR=SEG\*

\* Value transferred from the census matrix records with the same status, occ code and size. The matrix records give real values (allow for 1 decimal place) that need to be recoded into the values given above (see table 1).

NB If SEG=blank then SEGEPR=-1

----

<u>Notes:</u> All full time students are given code 20, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

This derived variable is based on the same derived variable used on the GHS survey.

## 12 SOCLASPR

| Variable name: SOCLA | ASPR                                          |
|----------------------|-----------------------------------------------|
| Variable label: Soc  | <pre>class (inf=proxy, FT stud=sep cat)</pre> |
| Storage type: intege |                                               |
| Range: 0 to 9        |                                               |
| Missing Values: -9,  | -8, -5, -1                                    |
| Value labels: (-9)   |                                               |
|                      | NA, inadeq descr                              |
|                      | No proxy (incl. nonresp)                      |
|                      | Matrix blank                                  |
| (1)                  |                                               |
| (2)                  |                                               |
|                      | IIIN                                          |
|                      | IIIM                                          |
| (5)                  |                                               |
| (6)                  |                                               |
| · · · ·              | Armed forces                                  |
|                      | Not fully descr                               |
|                      | FT student (never work)                       |
| ( ))                 | ri Scudenc (nevel WOLK)                       |

<u>Specification:</u>

Initially set to 0

If (SCHEDTYP=2 or SCHEDTYP=3) then SOCLASPR=-5

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else if (IFNOJOBE=4) or (SCHOOL=1) then SOCLASPR=9 else if (EVRPAIDE=2) then SOCLASPR=-9 else if (OCC=000) then SOCLASPR=-8 else if [(XSTATUSE=1-5) and (OCCE GT 000) and (XSIZEE=1-5)] SOCLASPR=SOCCLASS# If (soclaspr=0 and schedtyp=0) then SOCLASPR=-5 else if (soclaspr=0) then SOCLASPR=-8 # Value transferred f-rom the census matrix records with the same status, occ code and size. The matrix records give real values (allow for 1 decimal place) that need to be recoded into the values given above (see table 1). then SOCLASPR=-1 NB If (SOCCLASS=blank) If (SOCCLASS=armed forces) then SOCLASPR=7 then SOCLASPR=8 -If (SOCCLASS=17) Notes: All full time students are given code 9, including those who are working, have ever worked or are waiting to take up a job they had

already obtained. The variable SOCLASPR is based on the same derived variable used on the GHS survey.

## 13 SEGEHH

Variable name: SEGEHH Variable label: SEG of HOH (FT stud=sep cat) Storage type: integer Range: 0 to 20 Missing Values: -9, -8, -6, -1(-9) DNA, never worked Value labels: (-8) NA, inadeq descr (-6) Proxy interview (-1) Matrix blank (20) FT student ( 1) Employers:large (2) Managers:large ( 3) Employers:small (4) Managers:small ( 5) Prof:selfemp ( 6) Prof:employee 7) Int non-man anc (8) Int non-m foremn (9) Junior non-man (10) Personal service (11) Manual:foremn/sv (12) Skilled manual

- (13) Semi-skilled man
- (14) Unskilled man
- (15) Own acc non-prof
- (16) Farmers:emp&mgrs
- (17) Farmers:own acc
- (18) Agric workers
- (19) Armed forces

## Specification:

Initially set to 0

If (SCHEDTYP=1) then SEGEHH=-6

else if (RELTOHOH=00) then SEGEHH=SEGE

else if (RELTOHOH ne 00) and (SCHEDTYP of HOH=1) then SEGEHH=SEGEPR of HOH (NB copy SEGEPR from the HOH's record to the informant's record)

else if (RELTOHOH ne 00) and (SCHEDTYP of HOH ne 1) then SEGEHH=SEGE of HOH (NB copy SEGE from the HOH's record to the informant's record)

### Notes:

All full time students are given code 20, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

\*\*\*\*\*

## 14 SOCLHH

```
Variable name: SOCLHH
Variable label: Soc class of HOH (FT stud=sep cat)
Storage type: integer
Range: 0 to 9
Missing Values: -9, -8, -6, -1
               (-9) DNA, never worked
Value labels:
               (-8) NA, inadeg descr
               (-6) Proxy and non-resp
               (-1) Matrix blank
               (1) I
               (2) II
               ( 3) IIIN
                 4) IIIM
               (
               ( 5) IV
                 6) V
                 7) Armed forces
               (
                 8) Not fully descr
               (
               (9) FT student
```

### Specification:

Initially set to 0

If (SCHEDTYP=1) then SOCLHH=-6

All full time students are given code 9, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

## 15 SEGPRHH

| Variable name: SEGP | RHH                                 |
|---------------------|-------------------------------------|
| Variable label: SEG | of HOH (inf=proxy, FT stud=sep cat) |
| Storage type: integ | er                                  |
| Range: 0 to 20      |                                     |
| Missing Values: -9, | -8, -5, -1                          |
| Value labels: (-9)  |                                     |
|                     | NA, inadeq descr                    |
|                     | No proxy interview                  |
|                     | Matrix blank                        |
|                     | FT student                          |
|                     | Employers:large                     |
|                     | Managers:large                      |
| (3)                 | Employers:small                     |
|                     | Managers:small                      |
|                     | Prof:selfemp                        |
|                     | Prof:employee                       |
|                     | Int non-man anc                     |
|                     | Int non-m foremn                    |
|                     | Junior non-man                      |
|                     | Personal service                    |
|                     | Manual:foremn/sv                    |
|                     | Skilled manual                      |
|                     | Semi-skilled man                    |
|                     | Unskilled man                       |
|                     | Own acc non-prof                    |
|                     | Farmers:emp&mgrs                    |
|                     | Farmers:own acc                     |
|                     | Agric workers                       |
| (19)                | Armed forces                        |

Specification:

Initially set to 0

If (SCHEDTYP=2,3) then SEGPRHH=-5

else if (RELTOHOH=00) then SEGPRHH=SEGEPR

else if (RELTOHOH ne 00) and (SCHEDTYP of HOH ne 1) then SEGPRHH=SEGE of HOH (NB copy SEGE from the HOH's record to the informant's record)

else if (RELTOHOH ne 00) and (SCHEDTYP of HOH=1) then SEGPRHH=SEGEPR of HOH (NB copy SEGEPR from the HOH's record)

Notes:

The informant's data was obtained by proxy interview. All full time students are given code 20, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

## 16 SOCPRHH

. . .

| Variable name: SOCPRHH                                                                          |
|-------------------------------------------------------------------------------------------------|
| Variable label: HOH soc class (inf=proxy,FT stud=sep cat)                                       |
| Storage type: integer                                                                           |
| Range: 0 to 9                                                                                   |
| Missing Values: -9, -8, -5, -1                                                                  |
| Value labels: (-9) DNA, never worked                                                            |
| (-8) NA, inadeq descr                                                                           |
| (-5) No proxy interview                                                                         |
| (-1) Matrix blank                                                                               |
| (1) I                                                                                           |
| (2) II                                                                                          |
| ( 3) IIIN                                                                                       |
| ( 4) IIIM                                                                                       |
| ( 5) IV                                                                                         |
| (6) V                                                                                           |
| (7) Armed forces                                                                                |
| ( 8) Not fully descr                                                                            |
| (9) FT student                                                                                  |
|                                                                                                 |
| Specification:                                                                                  |
| Initially set to 0                                                                              |
|                                                                                                 |
| If (SCHEDTYP=2,3) then SOCPRHH=-5                                                               |
| else if (RELTOHOH=00) then SOCPRHH=SOCLASPR                                                     |
| else if (RELTOHOH ne 00) and (SCHEDTYP of HOH=1)                                                |
| then SOCPRHH=SOCLASPR of HOH (NB copy SOCLASPR from the HOH's record to the informant's record) |
| else if (RELTOHOH ne 00) and (SCHEDTYP of HOH=2,3)                                              |

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then SOCPRHH=SOCLASE of HOH (NB copy SOCLASE from the HOH's record to the informant's record)

<u>Notes:</u> The informant's data was obtained by proxy interview. All full time students are given code 9, including those who are working, have ever worked or are waiting to take up a job they had already obtained.

## 17 WALKACTY

Variable Name: WALKACTY Variable Lābel: Walking activity Range: 1 to 3 -Missing values: -8,-6, (-7) Storage type: integer Author: E Breeze Date: 5.12.91

<u>Specification:</u>

If no record 8 WALKACTY = -6
If MILEWALK = -8 or WALKPACE = -8 then WALKACTY = -8
Else if MILEWALK = 2
 WALKACTY = 1
Else if MILEWALK = 1
 If WALKPACE = 1 or 2
 Else if WALKPACE = 3 or 4
 WALKACTY = 3
Else = -7 (dump code, should not be any)

## **18 HOMEACTY**

Variable Name: HOMEACTY Variable Label: Housework/gardening activity Range: 1 to 3 Missing values: -8,-6,(-7) Storage type: integer Author: E Breeze Date: 5.12.91

Specification:

If no record 8 HOMEACTY = -6If HOUSEWRK = -8 and GARDEN = -8 HOMEACTY = -8Else if [HEVYHWRK = 1 or MANWORK = 1] HOMEACTY = 3 Else if GARDEN = 1 HOMEACTY = 2 Else if [HOUSEWORK = 2 or HEVYHWRK = 2 or -8] and [GARDEN = 2] HOMEACTY = 1 Else if HOUSWORK = -8 or GARDEN = -8 HOMEACTY = -8Else = -7 (dump code, should not be any)

## **19 WORKACTY**

Variable Name: WORKACTY Variable Label: Job activity Range: 1 to 4 Missing values: -8,-6,(-7) Storage type: integer Author: E Breeze Date: 5.12.91

Specification:

| If no record 8                                                                                        | WORKACTY = $-6$ |
|-------------------------------------------------------------------------------------------------------|-----------------|
| If WORK = $-8$ or ACTIVE = $-8$                                                                       | WORKACTY = $-8$ |
| If (WORK = 2) or (ACTIVE = 3 or 4)                                                                    | WORKACTY = 1    |
| Else if ACTIVE = 2 and OCC is one of<br>(611,533-536,834,501-505,509,<br>922-924,929-931,597,898,933) | WORKACTY = 3    |
| Else if $ACTIVE = 2$                                                                                  | WORKACTY = 2    |
| Else if ACTIVE = 1 and OCC is one of<br>(904,903,830,832,530,597,898,929)                             | WORKACTY = 4    |
| Else if $ACTIVE = 1$                                                                                  | WORKACTY = $3$  |

Else = -7 (Dump code, should not be any)

<u>Note</u>

People with specified occupation codes are upgraded. However, professional sports people are not included in this group (OCC = 387) not sure how these people were treated on Health and Fitness Survey.

## 20 SPRTACTY

Variable Name: SPRTACTY Variable Label: Sport activity Range: 1 to 4 Missing values: -8,-6,(-7) Storage type: integer Author: E Breeze Date: 5.12.91

Specification:

| If no record 8        | SPRTACTY | = | -6 |
|-----------------------|----------|---|----|
| Else if ACTANY = $-8$ | SPRTACTY | = | -8 |

Initially set SPRTACTY = 1priority coding Then if [CYCLE = 01 and CYCLEEFF = 1]or [AERO = 03 and AEROEFF = 1]or [WTRAIN = 05 and WEIGHEFF = 1] or [SWIM = 06 and SWIMEFF = 1] or RUN = 07recode SPRTACTY = 4or [FOOTBALL = 08 and FTBLLEFF = 1 or [TENNIS = 09 and TENNEFF = 1] or SQUASH = 10or ACTA = 3or -ACTB = 3or ACTC = 3or ACTD = 3or ACTE = 3Else if CYCLE = 01or [EXACT = 02 and EXEFF = 1]or AERO = 03or [DANCE = 04 and DANCEEFF = 1]or WTRAIN = 05or SWIM = 06recode SPRTACTY = 3or FOOTBALL = 08or TENNIS = 09or ACTA = 2or ACTB = 2 or ACTC = 2or ACTD = 2Else if EXACT = 02or DANCE = 04or ACTA = 1recode SPRTACTY = 2or ACTB = 1or ACTC = 1or ACTD = 1

<u>Note</u>: NAs to Effort are assigned to the same code as No to Effort. Don't know whether this was done on Health & Fitness. Code 1 = inactive, Code 2 = light, Code 3 = moderate, Code 4 = vigorous

## 21 ACTLEVEL

Variable Name: ACTLEVEL Variable Label: Summary of activity level Range: 1 to 4 Missing values: -8,-6,-7 Storage type: integer Author: E Breeze Date: 5.12.91 Specification:

If no record 8 ACTLEVEL = -6Else if WORKACTY = 4 or SPRTACTY = 4ACTLEVEL = 4Else if any of (WALKACTY, HOMEACTY, WORKACTY, SPRTACTY) = 3ACTLEVEL = 3Else if any of (WALKACTY, HOMEACTY, WORKACTY, SPRTACTY) = 2ACTLEVEL = 2Else if any of (WALKACTY, HOMEACTY, WORKACTY, SPRTACTY) = 1ACTLEVEL = 1ACTLEVEL = -8Else Note: only code as -8 if all four variables are coded -8, otherwise use

what information is there and code to highest level of activity found. Code 1 = inactive Code 2 = active at a light level Code 3 = active at a moderate level Code 4 = active at a vigorous level

## 22 NUMOCCSP

Variable Name: NUMOCCSP Variable Label: No. known mod/vig sports occasions in 4 wks Range: 1 to 99 Missing values: -8,-6 Storage type: integer Author: E Breeze Date: 12.12.91 Specification: If no record 8 NUMOCCSP = -6NUMOCCSP = -8If SPRTACTY = -8 then NUMOCCSP = 0Else if SPRTACTY in range 1-2 Else if SPRTACTY = 3, 4Initially set NUMOCCSP = 0Then if [CYCLE=01 and CYCLEOCC GE 01] add val(CYCLEOCC) then if [EXACT=02 and EXEFF=01 and EXOCC GE 01] add val(EXOCC) then if [AERO=03 and AEROOCC GE 01] add val(AEROCC) then if [DANCE=04 and DANCEFF=1 and DANCEOCC GE 01] add val(DANCEOCC) then if [WTRAIN=05 and WEIGHOCC GE 01] add val(WEIGHOCC) .

then if [SWIM=06 and SWIMOCC GE 01] add val(SWIMOCC) then if [RUN = 07 and RUNOCC GE 01] add val(RUNOCC) then if [FOOTBALL = 08 and FTBLLOCC GE 01] add val(FTBLLOCC) then if [TENNIS = 09 and TENNOCC GE 01] add val(TENNOCC) then if [SQUASH = 10 and SQUASOCC GE 01] add val(SQUASOCC) then if [ACTA = 2,3 and ACTAOCC GE 01] add val(ACTAOCC) then if [ACTB = 2,3 and ACTBOCC GE 01] add val(ACTBOCC) then if [ACTC = 2,3 and ACTCOCC GE 01] add val(ACTBOCC) then if [ACTC = 2,3 and ACTCOCC GE 01] add val(ACTCOCC) then if [ACTD = 2,3 and ACTDOCC GE 01] add val(ACTCOCC) then if [ACTD = 2,3 and ACTDOCC GE 01] add val(ACTDOCC) then if [ACTE = 2,3 and ACTDOCC GE 01] add val(ACTDOCC)

<u>Note</u>: this gives the number of known occasions of moderate or vigorous sports activity. It includes estimates for people who gave partial information on the sports question, ie for some sports there was na to number of occasions or whether effort = yes. Effectively I am treating NA to Effort as No and NA to number of occasions as zero.

## 23 VIGOCCSP

Variable Name: VIGOCCSP Variable Label: No. known vigorous sports occasions in 4 wks Range: 1 to 99 Missing values: -8,-6, Storage type: integer Author: E Breeze Date: 12.12.91 Specification: If no record 8 VIGOCCSP = -6 If SPRTACTY = -8 then VIGOCCSP = -8 Else if SPRTACTY in range 1-3 VIGOCCSP = 0 Else if SPRTACTY = 4

Initially set VIGOCCSP = 0

Then if [CYCLE=01 and CYCLEEFF=1 and CYCLEOCC GE 01] add val(CYCLEOCC)

then if [AERO=03 and AEROEFF=1 and AEROOCC GE 01] add val(AEROCC) then if [WTRAIN=05 and WEIGHEFF=1 and WEIGHOCC GE 01] add val(WEIGHOCC)

<u>Note</u>: this gives the number of known occasions of vigorous activity. It includes estimates for people who gave partial information on the sports question, ie it ignores na to number of occasions or whether effort = yes. The assumption is that people will tend to remember the vigorous occasions and nas are more likely to be those who did less vigorous exercise; on the other hand it may be those who have had many occasions who could not remember the number and said don't know. I don't know exactly how the Health and Fitness Survey specified the variable but Alison Walker thought that they had used partial answers.

## 24 VIG20SP

Variable Name: VIG20SP Variable Label: No. known vigorous sports occasions 20+min in 4 wks Range: 1 to 99 Missing values: -8,-6 Storage type: integer Author: E Breeze Date: 5.12.91 <u>Specification:</u> If no record 8 VIG20SP = -6 If SPRTACTY = -8 then VIG20SP = -8 Else if SPRTACTY in range 1-3 VIG20SP = 0 Else if SPRTACTY = 4 Initially set VIG20SP = 0

Then if [CYCLE=01 and CYCLEEFF=1 and (CYCLEMIN GE 20 or CYCLEHR GE 01) and CYCLEOCC GE 01] add val(CYCLEOCC)

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- then if [AERO=03 and AEROEFF=1 and (AEROMIN GE 20 or AEROHR GE 01) and AEROOCC GE 01] add val(AEROCC)
- then if [WTRAIN=05 and WEIGHEFF=1 and (WEIGHMIN GE 20 or WEIGHHR GE 01) and WEIGHOCC GE 01] add val(WEIGHOCC)
- then if [SWIM=06 and SWIMEFF=1 and (SWIMMIN GE 20 or SWIMHR GE 01) and \_\_\_\_\_\_SWIMOCC GE 01] add val(SWIMOCC)
- then if [RUN=07 and (RUNMIN GE 20 or RUNHR GE 01) and RUNOCC GE 01] add val(RUNOCC)
- then if [FOOTBALL=08 and FTBLLEFF=1 and (FTBLLMIN GE 20 or FTBLLHR GE 01) and FTBLLOCC GE 01] add val(FTBLLOCC)
- then if [TENNIS=09 and TENNEFF=1 and (TENNMIN GE 20 or TENNHR GE 01) and TENNOCC GE 01] add val(TENNOCC)
- then if [SQUASH=10 and (SQUASMIN GE 20 or SQUASHR GE 01) and SQUASOCC GE 01] add val(SQUASOCC)
- then if [ACTA=3 and (ACTAMIN GE 20 or ACTAHR GE 01) and ACTAOCC GE 01] add val(ACTAOCC)
- then if [ACTB=3 and (ACTBMIN GE 20 or ACTBHR GE 01) and ACTBOCC GE 01] add val(ACTBOCC)
- then if [ACTC=3 and (ACTCMIN GE 20 or ACTCHR GE 01) and ACTCOCC GE 01] add val(ACTCOCC)
- then if [ACTD=3 and (ACTDMIN GE 20 or ACTDHR GE 01) and ACTDOCC GE 01] add val(ACTDOCC)
- then if [ACTE=3 and (ACTEMIN GE 20 or ACTEHR GE 01) and ACTEOCC GE 01] add val(ACTEOCC)

Note: this gives the number of known occasions of vigorous activity which lasted at least 20 mins. It includes estimates for people who gave partial information on the sports question, ie cases where for some sports there was na to length of occasion or number of occasions or whether effort = yes. The assumption is that people will tend to remember the vigorous occasions and nas are more likely to be those who did less vigorous exercise; on the other hand it may be those who have had many occasions who could not remember the number and said don't know. I don't know exactly how the Health and Fitness Survey specified the variable but Alison Walker thought that they had used partial answers.

25 DKVIG20S Variable Name: DKVIG20S Variable Label: No. vig sports with occ 20+min but dk no. Range: 1 to 13 Missing values: -8,-6,-9 Storage type: integer Author: E Breeze Date: 12.12.91 Specification: If no record 8 DKVIG20S = -6Else if SPRTACTY =-8 or in range 1-3 DKVIG20S = -9Else if SPRTACTY = 4Initially set DKVIG20S = 0Then if [CYCLE=01 and CYCLEEFF=1 and (CYCLEMIN GE 20 or CYCLEHR GE 01) and CYCLEOCC =-8 ] add 1 then if [AERO=03 and AEROEFF=1 and (AEROMIN GE 20 or AEROHR GE 01) and AEROOCC =-8] add 1 then if [WTRAIN=05 and WEIGHEFF = 1 and (WEIGHMIN GE 20 or WEIGHHR GE 01) and WEIGHOCC =-8] add 1 then if [SWIM=06 and SWIMEFF=1 and (SWIMMIN GE 20 or SWIMHR GE 01) and SWIMOCC =-8] add 1 then if [RUN=07 and (RUNMIN GE 20 or RUNHR GE 01) and RUNOCC=-8] add 1 then if [FOOTBALL=08 and FTBLLEFF=1 and (FTBLLMIN GE 20 or FTBLLHR GE 01) and FTBLLOCC =-8] add 1 then if [TENNIS=09 and TENNEFF=1 and (TENNMIN GE 20 or TENNHR GE 01) and TENNOCC =-8] add 1 then if [SQUASH=10 and (SQUASMIN GE 20 or SQUASHR GE 01) and SQUASOCC =-8] add 1 then if [ACTA=3 and (ACTAMIN GE 20 or ACTAHR GE 01) and ACTAOCC = -8]add 1 then if [ACTB=3 and (ACTBMIN GE 20 or ACTBHR GE 01) and ACTBOCC =-8] add 1 then if [ACTC=3 and (ACTCMIN GE 20 or ACTCHR GE 01) and ACTCOCC =-8]add 1 then if [ACTD=3 and (ACTDMIN GE 20 or ACTDHR GE 01) and ACTDOCC =-8] add 1

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then if [ACTE=3 and (ACTEMIN GE 20 or ACTEHR GE 01) and ACTEOCC =-8] add 1

<u>Note</u> This gives no. of sports in which informant did vigorous exercise for at least 20 mins but did not specify no. of occasions. It gives one the option of adding an estimated no. of occasions for these sports to no. known occasions recorded in VIG20SP, eg could assume had one occasion or two occasions.

#### 

## 26 NUMOCC

-\_Variable Name: NUMOCC<sup>-</sup> Variable Label: No. times known mod/vig activity in 4 wks Range: 1 to 99 Missing values: -8,-6,(-7) Storage type: integer Author: E Breeze Date: 12.12.91

Specification: If no record 8 NUMOCC = -6 Else if ACTLEVEL = -8 NUMOCC = -8 Else initially set NUMOCC = 0 If WALKACTY = 3 and MILENUM GE 01 add val(MILENUM) then if HOMEACTY = 3 and HEAVYDAY GE 01 add val(HEAVYDAY) then if HOMEACTY = 3 and MANDAYS GE 01 add val(MANDAYS) then if SPRTACTY = 3,4 and NUMOCCSP GE 01 add val(NUMOCCSP)

Note This gives number of known occasions of moderate or vigorous activity. It includes partial answers, ie people who had na to how vigorous the exercise was or to number of occasions for some types of activity and not others. Vigorous activity as part of one's job is ignored. This differs from the Health and Fitness survey variable. (Suggest that when running tables, researcher look at no. cases with WORKACTY = 3,4 and decide whether to add in; could assume has 5 days per week)

## 27 QUALACTY

Variable Name: QUALACTY
Variable Label: No. times known mod/vigactivity in 4 wks
 (grouped)
Range: 1 to 6
Missing values: -8,-6,(-7)
Storage type: integer
Author: E Breeze
Date: 12.12.91

<u>Specification:</u>

If no record 8 QUALACTY = -6Else if NUMOCC = -8QUALACTY = -8QUALACTY = 1Else if NUMOCC = 0Else if VIGOCCSP GE 12 QUALACTY = 6Else if VIGOCCSP GE 01 and NUMOCC GE 12 QUALACTY =5 Else if NUMOCC GE 12 QUALACTY = 4Else if NUMOCC in range 5-11 QUALACTY = 3Else if NUMOCC in range 1-4OUALACTY = 2Else = -7 (dump code, should not be any) Note This ignores moderate and vigorous activity as part of one's job . If the number of vigorous sports occasions is unknown it is treated the same as zero for the purposes of this variable. Code 1 = no activity of a moderate or vigorous level Code 2 = Moderate or vigorous activity 1-4 times during the 4 weeks Code 3 = Moderate or vigorous activity 5-11 times during the 4 weeks Code 4 = Moderate activity 12 or more times during the 4 weeks Code 5 = Moderate or vigorous activity 12 or more times during the 4 weeks, at least one vigorous Code 6 = Vigorous activity 12 or more times during the 4 weeks 28 TOTCIGY Variable Name: TOTCIGY Variable Label: No. of cigarettes smoked in a week Range: 0 to 999 Missing values: -9, -8, -6 (-7) Storage type: integer Author: E Breeze Date: 29.11.91 Specification: If no record 8 then TOTCIGY = -6 (non-respondent) If DLYSMOKE = -8 or if WKNDSMOK = -8then TOTCIGY = -8 (missing) Else if DLYSMOKE = -9or WKNDSMOK = -9then TOTCIGY = -9 (not cig-smoker) Else if (DLYSMOKE in range 0-98 and WKNDSMOK in range 0-98) then TOTCIGY = [(DLYSMOKE\*5) + (WKNDSMOK\*2)] Else TOTCIGY = -7 (dump code, should not be any) Note for researcher: -9 should be equivalent to (SMOKEVER = 2) + (SMOKEVER = -8) + (SMOKENOW = 2) If SMOKENOW = -8 TOTCIGY = -8 (on GHS would be -9) Variable modelled on GHS one of same name 

29 CIGSADAY Variable Name: CIGSADAY Variable Label: Mean no. of cigarettes smoked per day Range: 0 to 99 Missing values: -9,-8,-6 -Storage type: integer Author: E Breeze Date: 29.11.91 Specification: -if TOTCIGY GE 0, CIGSADAY = (TOTCIGY/7) \* Else if TOTCIGY = -6, CIGSADAY = -6and if TOTCIGY = -9, CIGSADAY = -9and if TOTCIGY = -8, CIGSADAY = -8\*Truncated, ie everything between 5.00 and 5.99 coded as 5 Note for researcher: -9 includes NA to SMOKEVER and - 8 includes NA to SMOKENOW (latter differes from GHS) Variable modelled on GHS one of same name 30 CIGSMKNG Variable name: CIGSMKNG Variable label: Category of cigarette smoker Range: 1-6 Missing values: -8, -6Storage type: integer Author: E Breeze Date: 29.11.91 Value labels: No rec 8 -6 -8 No answer 1 20+ cigs a day 2 10-19 cigs a day 3 0-9 cigs a day 4 Dk no. cigs a day 5 Ex cig-smoker 6 Nvr smked cigs Specification: Priority coded If no record 8 then CIGSMKNG = -6CIGSMKNG = 1Else if CIGSADAY GT 19 CIGSMKNG = 2Else if CIGSADAY in range 10-19 Else if CIGSADAY in range 0-9 CIGSMKNG = 3Else if CIGSADAY = -8CIGSMKNG = 4CIGSMKNG = 5Else if SMOKEREG = 126

```
Else if (SMOKEVER =2) or (SMOKECIG =2)
or (SMOKEREG = 2,3)
Else CIGSMKNG = 6
CIGSMKNG = -8
```

<u>Notes:</u> code 6 refers to those who never smoked cigarettes <u>regularly</u>. -8 includes SMOKEVER = -8, SMOKECIG = -8 SMOKEREG = -8

If SMOKENOW = -8 CIGSMKNG probably coded 4

Modelled on 1990 GHS variable of same name but differs in that GHS asks if ever smoked cigarettes regularly, without defining 'regularly', whereas Health Survey defines 'regularly' as at least one cigarette a day.

## 31 SMOKESTA

```
Variable name: SMOKESTA
Variable label: Smoking status
Range: 1 to 7
Missing values: -6, -8, (-7)
Storage type: integer
Author: E Breeze
Date: 29.11.91
Variable labels:
-6
     No rec 8, proxy
-8
     NA
     Cigs+pipe, cigar
1
2
     Cigs only
3
     Ex-cigs, cigar
4
     Ex-cigs, pipe
5
     Ex-cigs, no smoke
6
     Never cigs, smoke
7
     Never cigs, no sm
Specification: Priority coding.
If no record 8 then SMOKESTA = -6
Else if SMOKENOW = 1
     if CIGARNOW = 1 or PIPENOW = 1
                                       then SMOKESTA = 1
     else
   SMOKESTA = 2
Else if SMOKEREG = 1
     if CIGARNOW = 1
   SMOKESTA = 3
     else if PIPENOW = 1
   SMOKESTA = 4
   SMOKESTA = 5
     else
Else if [(SMOKECIG =2) or (SMOKEREG =2,3)]
         and [(CIGARNOW=1) or (PIPENOW=1)] SMOKESTA = 6
Else if (SMOKEVER = 2) or (SMOKEREG = 2,3)
         or (SMOKECIG = 2)
   SMOKESTA = 7
Else if SMOKEVER = -8 or SMOKENOW = -8
  or SMOKECIG = -8 or SMOKEREG = -8
   SMOKESTA = -8
Else = -7 (dump code, shouldn't be any)
```

<u>Note</u>: Modelled on GHS variable of same name but differs from GHS in that they ask if smoke cigar at least once a month whereas Health Survey just asks if smoke cigars at all nowadays. Also GHS asks if ever smoked cigarettes regularly, without defining 'regularly', whereas Health Survey defines 'regularly' as at least one cigarette a day.

## -32 TOTCIGPR

Variable Name: TOTCIGPR Variable Label: No. of cigs smoked in a week;proxies Range: 0 to 999 Missing values: -9,-8,-6, (-7) Storage type : integer Author: E Breeze Date: 29.11.91

Specification: If no record 10 then TOTCIGPR = -6 (not proxy) If DYSMOKEE = 99 or if WKNDSMKE = 99 then TOTCIGPR = -8 (missing) Else if DYSMOKEE = -9 or WKNDSMKE = -9 then TOTCIGPR = -9 (not cig-smoker) Else if (DYSMOKEE in range 0-98 and WKNDSMKE in range 0-98) then TOTCIGPR = [(DYSMKEE\*5) + (WKNDSMKE\*2)] Else TOTCIGPR = -8

<u>Note</u> -9 includes SMOKNOWE = 3, -8

## 33 CIGADAYPR

Variable Name: CIGADYPR Variable Label: Mean no. of cigs smoked per day; proxies Range: 0 to 99 Missing values: -9,-8,-6 Storage type: integer Author: E Breeze Date: 29.11.91

Specification: If TOTCIGPR GE 0, CIGADYPR = (TOTCIGPR/7) \* Else if TOTCIGPR = -6, CIGADYPR = -6 and if TOTCIGPR = -9, CIGADYPR = -9 and if TOTCIGPR = -8, CIGADYPR = -8

\*Truncated, ie everything between 5.00 and 5.99 coded as 5

<u>Note</u> -8 includes SMOKNOWE = 2,3,-8

34 CIGSMKPR Variable name: CIGSMKPR Variable label: Category of cigarette smoker Range: 1-6 Missing values: -8, -6, -9 Storage type: integer Author: E Breeze Date: 29.11.91 Value labels: -6 No rec 10 No answer -8 -9 Interview 20+ cigs a day 1 2 10-19 cigs a day 3 0-9 cigs a day 4 Dk no. cigs a day 5 Ex cig-smoker 6 Never smoked cigarettes <u>Specification</u>: Priority coded If no record 10 CIGSMKPR = -6Else if CIGADYPR GT 19 CIGSMKPR = 1Else if CIGADYPR in range 10-19 CIGSMKPR = 2CIGSMKPR = 3

Else if CIGADYPR in range 0-9CIGSMKPR = 3Else if CIGADYPR = -8CIGSMKPR = 4Else if SMOKCIGE = 1CIGSMKPR = 5Else if SMOKCIGE = 2CIGSMKPR = 6ElseCIGSMKPR = -8

Notes: -8 includes SMOKENOWE = -8 SMOKCIGE = -8 To compare with CIGSMKNG for interviewees

## 35 DRKMOSTQ

Variable Name: DRKMOSTQVariable Label: Amount of drink taken most frequentlyRange: 1 to 99Missing values: -9, -8, -6Storage type: integerAuthor: E BreezeDate: 4.12.91Specification:<br/>If no record 8Else if DRINKANY = 2 or -8DRKMOSTQ = -9

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Else if all of SHANDY to WINE = 8 DRKMOSTQ = -9

Else if all of SHANDY to WINE = -8 DRKMOSTQ = -8

Else if all SHANDY to WINE = 8 or -8 DRKMOSTQ=-8

Else find whichever of SHANDY to WINE has the lowest value in the range 1-8 (ie, highest frequency) and find the matching quantity -

if the quantity is 99 (or in the case of BEER if any of BEERQ1-BEERQ3 is 99) then DRKMOSTQ = -8

else DRKMOSTQ = the amount (or if the type with the highest frequency is BEER DRKMOSTQ = sum of BEERQ1 to BEERQ3)

If two types of alcohol have equal highest frequency then the one with the higher quantity value is used for DRKMOSTQ. If one amount is valid and the other is 99, take the valid one.

## 36 QSHANDY

Variable Name: **QSHANDY** Variable Label: No. of units shandy drunk in a week Range: 0 to 999 Missing values: -9,-8,-6 Storage type: real Author: E Breeze Date: 4.12.91

<u>Specification:</u> If no record 8 then QSHANDY = -6 Initially set to zero If SHANDY = 1 then QSHANDY = SHANDYQ \* 7 If SHANDY = 2 then QSHANDY = SHANDYQ \* 5.5 If SHANDY = 3 then QSHANDY = SHANDYQ \* 3.5 If SHANDY = 4 then QSHANDY = SHANDYQ \* 1.5 If SHANDY = 5 then QSHANDY = SHANDYQ \* 0.375 If SHANDY = 6 then QSHANDY = SHANDYQ \* 0.115 If SHANDY = 7 then QSHANDY = SHANDYQ \* 0.029 If SHANDY = 8 then QSHANDY = 0 If SHANDY = -8 or SHANDYQ = 99 then QSHANDY = -8 (NA) If SHANDY = -9 then QSHANDY = -9

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## **37 QBEER**

Variable Name: QBEER Variable Label: No. of units beer drunk in a week Range: 0 to 999 Missing values: -9,-8,-6 Storage type: real Author: E Breeze Date: 4.12.91

```
<u>Specification:</u>

If no record 8 then QBEER = -6

Initially set to zero

If BEER = 1 then QBEER = sum(BEERQ1-3) * 7

If BEER = 2 then QBEER = sum(BEERQ1-3) * 5.5

If BEER = 3 then QBEER = sum(BEERQ1-3) * 3.5

If BEER = 4 then QBEER = sum(BEERQ1-3) * 1.5

If BEER = 5 then QBEER = sum(BEERQ1-3) * 0.375

If BEER = 6 then QBEER = sum(BEERQ1-3) * 0.115

If BEER = 7 then QBEER = sum(BEERQ1-3) * 0.029

If BEER = 8 then QBEER = 0

If BEER = -8 or any of BEERQ1-3 = 99 then QBEER = -8 (NA)

If BEER = -9 then QBEER = -9
```

#### 

## 38 **QSPIRITS**

```
Variable Name: QSPIRITS
Variable Label: No. of units spirits drunk in a week
Range: 0 to 999
Missing values: -9, -8, -6
storage type: real
Author: E Breeze
Date: 4.12.91
Specification:
If no record 8 then QSPIRITS = -6
Initially set to zero
If SPIRITS = 1 then QSPIRITS = SPIRITSQ * 7
If SPIRITS = 2 then QSPIRITS = SPIRITSQ * 5.5
If SPIRITS = 3 then QSPIRITS = SPIRITSQ * 3.5
If SPIRITS = 4 then QSPIRITS = SPIRITSQ * 1.5
If SPIRITS = 5 then QSPIRITS = SPIRITSQ * 0.375
If SPIRITS = 6 then QSPIRITS = SPIRITSQ * 0.115
If SPIRITS = 7 then QSPIRITS = SPIRITSQ * 0.029
If SPIRITS = 8 then QSPIRITS = 0
If SPIRITS = -8 or SPIRITSQ = 99 then QSPIRITS = -8 (NA)
If SPIRITS = -9 then QSPIRITS = -9
```

# 39 QSHERRY

Variable Name: QSHERRY Variable Label: No. of units sherry drunk in a week Range: 0 to 999 Missing values: -9,-8,-6 Storage type: real Author: E Breeze Date: 4.12.91

Specification:

```
If no record 8 then QSHERRY = -6

Initially set to zero

If SHERRY = 1 then QSHERRY = SHERRYQ * 7

If SHERRY = 2 then QSHERRY = SHERRYQ * 5.5

If SHERRY = 3 then QSHERRY = SHERRYQ * 3.5

If SHERRY = 4 then QSHERRY = SHERRYQ * 1.5

If SHERRY = 5 then QSHERRY = SHERRYQ * 0.375

If SHERRY = 6 then QSHERRY = SHERRYQ * 0.115

If SHERRY = 7 then QSHERRY = SHERRYQ * 0.029

If SHERRY = 8 then QSHERRY = 0

If SHERRY = -8 or SHERRYQ = 99 then QSHERRY = -8 (NA)

If SHERRY = -9 then QSHERRY = -9
```

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## 40 QWINE

Variable Name: **QWINE** Variable Label: No. of units wine drunk in a week Range: 0 to 999 Missing values: -9,-8,-6 Storage type: real Author: E Breeze Date: 4.12.91

```
Specification:

If no record 8 then QWINE = -6

Initially set to zero

If WINE = 1 then QWINE = WINEQ * 7

If WINE = 2 then QWINE = WINEQ * 5.5

If WINE = 3 then QWINE = WINEQ * 3.5

If WINE = 4 then QWINE = WINEQ * 1.5

If WINE = 5 then QWINE = WINEQ * 0.375

If WINE = 6 then QWINE = WINEQ * 0.115

If WINE = 7 then QWINE = WINEQ * 0.029

If WINE = 8 then QWINE = 0

If WINE = -8 or WINEQ = 99 then QWINE = -8 (NA)

If WINE = -9 then QWINE = -9
```

# 41 DRATING

Variable Name: DRATING Variable Label: No. of units drunk in a week Range: 0 to 999 Missing values: -9,-8,-6 Storage type: real Author: E Breeze Date: 4.12.91

Specification:

Initially set to 0 If no record 8 then DRATING = -6 Else if all of QSHANDY to QWINE = -9 then DRATING = 0 Else if all of QSHANDY to QWINE = 0 then DRATING = 0 Else if all of QSHANDY to QWINE = -8 then DRATING = -8 Else if DRKMOSTQ = -8 then DRATING = -8 Else DRATING = Sum of values (QSHANDY, QBEERQ, QSPIRITS, QSHERRY QWINE).

<u>Note</u> DRATING is only made missing either if no amounts given or if the amount for the most frequently consumed type of alcohol is missing. Code zero covers those who never drink, those who have not drunk in the last 12 months and those who were NA to DRINKANY. Comparable with GHS variable of same name

## 42 AC1

Variable Name: AC1 Variable Label: Alcohol Consumption rating by sex Range: 0 to 14 Missing values: -9,-8,-6 Storage type: integer Author: E Breeze Date: 4.12.91 Value labels 1 Men abs/nonlstyr 2 Men occasional 3 Men 1-10 4 Men 11-21 5 Men 22-35 6 Men 35-50 7 Men 51 or more 8 Wom abs/nonlstyr 9 Wom occasional 10 Wom 1-711 Wom 8-14 12 Wom 15-25 13 Wom 26-35 14 Wom 36 or more Specification: AC1 = -6If no record 8 AC1 = -8Else initially set IF SEX = 1 (Male) If DRATING = 0 then AC1 = 1less than 0.504 AC1 = 2If DRATING in range 0.505 thru 10.004 AC1 = 310.005 thru 21.004 AC1 = 421.005 thru 35.004 AC1 = 5

| 35.005 thru 50.004                  | AC1 = 6  |
|-------------------------------------|----------|
| 50.005 thru 999                     | AC1 = 7  |
| -                                   |          |
| Else if $SEX = 2$ (Female)          |          |
| If DRATING = 0 then                 | AC1 = 8  |
| If DRATING in range less than 0.504 | AC1 = 9  |
| 0.505 thru 7.004                    | AC1 = 10 |
| 7.005 thru 14.004                   | AC1 = 11 |
| 14.005 thru 25.004                  | AC1 = 12 |
| - 25.005 thru 35.004                | AC1 = 13 |
| 35.005 thru 999                     | AC1 = 14 |
|                                     |          |

<u>Notes</u>: Codes 1 & 8 apply to abstainers and those who have not had any alcohol during the 12\_months prior to interview. Comparable with GHS variable of same name (even the strange ranges!)

## 43 GHQ12SCR

Variable Name: GHQ12SCR Variable Label: Score on GHQ 12 questionnaire Range: 0 to 12 Missing values: -8,-6 Storage type: integer Author: E Breeze Date: 12.12.91

Specification: If no record 12 GHQ12SCR = -6Else if any of CONCENT to HAPPY = -8 then GHQSCR = -8Else initially set GHQSCR = 0 then add 1 for each occurrence of code 3 or code 4 in the set of variables CONCENT to HAPPY

## 44 PSSSCR

Variable Name: PSSSCR Variable Label: Perceived Social Support Score Range: 7 to 21 Missing values: -8,-6 Storage type: integer Author: E Breeze Date: 12.12.91

Specification: If no record 12 PSSSCR = -6 Else if any of HAPPY1 to GENDER = -8 PSSSCR = -8 Else initially set PSSSCR = 0 then sum the code values of HAPPY1 to SUPPORT\*

\* For example if HAPPY1 is coded 1 add 1, if coded 2 add 2, and if coded 3 add 3. Note: See Preliminary report on Health and Lifestyle Survey. publ by Health Promotion Research Trust. 1987

## Variable name.SURGERYE Variable label Ever had surgery? prox

| Interview respondent (no proxy) | -11 |
|---------------------------------|-----|
| Does not apply                  | -9  |
| No answer                       | -8  |
| Non-response to interview       | -6  |
| Yes                             | 1   |
| No                              | 2   |

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## Variable name:SOCLNR Variable label Social Class of HOH of non-responders

| HOH-non-response | -8 00 |
|------------------|-------|
| Responder        | -1 00 |
|                  | 1 00  |
| N                | 2 00  |
| IIIN             | 3 00  |
| IIIM             | 4 00  |
| IV               | 5 00  |
| V                | 6 00  |
| FT Student       | 9 00  |

## Variable name.ClGSMK1 Variable label Cigarette smoking status

| No answer, does not know number of cigarettes smoked | -8 00  |
|------------------------------------------------------|--------|
| Non-response to interview or proxy interview         | -6 00  |
| 20+cigarettes a day                                  | 1 00   |
| 10-19 cigarettes a day                               | 2 00 , |
| 0-9 cigarettes a day                                 | 3 00   |
| Ex-smoker                                            | 4 00   |
| Nvr/occ smoked                                       | 5 00   |
|                                                      |        |

## Variable name SOCPRHH 1 Variable lable Social class of HOH proxy

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| Full-time student/Armed Forces/Never worked     | -9 |   |
|-------------------------------------------------|----|---|
| No answer/inadequate description                | -8 |   |
| Matrix blank, social class could not be derived | -7 | 1 |
| Interview respondent (no proxy)                 | -5 |   |
| 1                                               | 1  |   |
| 11                                              | 2  |   |
| ill non-manual                                  | 3  |   |
| lii manuai                                      | 4  |   |
| IV                                              | 5  |   |
| V                                               | 6  |   |
|                                                 |    |   |

### Variable name:SOCLPR1 Variable label:Social class of proxy

| Full-time student/Armed Forces/Never worked         | -9.00 |
|-----------------------------------------------------|-------|
| No answer/inadequate description                    | -8.00 |
| Full interview (no proxy)/Non response/Matrix blank | -5.00 |
| 1&1                                                 | 1.00  |
| ill non-manual                                      | 2.00  |
| lil manual                                          | 3.00  |
| IV & V                                              | 4.00  |
|                                                     |       |

### Variable name:CHOLEST1 Variable label:Tks lipid-lowrng med

| Proxy                      | -10.00 |
|----------------------------|--------|
| No response to nurse       | -7.00  |
| No response to interview   | -6.00  |
| Inadequate blood           | -5.00  |
| Not possible to take blood | -4.00  |
| Sample ref                 | -3.00  |
| Not attempted              | -2.00  |
| Sample analysed            | 1.00   |

### Variable name:EVERBPE Variable label:Ever had high BP proxy

| Interview respondent (no proxy) | -11 |
|---------------------------------|-----|
| Non-response to interview       | -6  |
| Yes                             | 1   |
| Don't know                      | 8   |
| No                              | 9   |

### Variable name:DRKPROX Variable label:drinking status-proxies

| Full Interview response (no proxy) | -11.00 |
|------------------------------------|--------|
| No answer                          | -8.00  |
| Non-response to interview          | -6.00  |
| Drinker                            | 1.00   |
| Non-drinker                        | 2.00   |

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## Variable name<sup>.</sup>HAEMO Variable label Haemoglobin level

| Proxy                      | -10 00 |
|----------------------------|--------|
| Non-response to nurse      | -7 00  |
| Non-response to interview  | -6 00  |
| Inadequate blood           | -5 00  |
| Not possible to take blood | -4 00  |
| Sample refused             | -3 00  |
| Not attempted              | -2 00  |

## Variable name RESPGRP Variable label:Response group

| Proxy interview no response | -10 00 |
|-----------------------------|--------|
| Non-response to nurse       | -7 00  |
| Attempted not obtained      | -4 00  |
| Sample refused              | -3 00  |
| Ineligible                  | -2 00  |
| Sample obtained             | 1 00   |

## Variable name.CHOLEST Variable label·Cholesterol level

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| Proxy (no measurements)           | -10 00 |
|-----------------------------------|--------|
| Non-response to nurse visit       | -7 00  |
| Non-response to interview & nurse | -6 00  |
| Inadequate blood for analysis     | -5 00  |
| Not possible to take blood        | -4 00  |
| Blood sample refused              | -3 00  |
| Blood sample not attempted        | -2 00  |

## Variable name.XSIZEE Variable label Number of employees (proxy)

| DNA, never worked | -9 |
|-------------------|----|
| No proxy          | -5 |
| No answer         | 0  |
| Empe, 1-24 emps   | 1  |
| Empe, 25-499 emps | 2  |
| Empe, 500+ emps   | 3  |

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## Variable name:SOCLASPR Variable label:Social class

| DNA, never worked                 | -9 |
|-----------------------------------|----|
| NA, inadequate description        | -8 |
| No proxy (including non-response) | -5 |
| 1                                 | 1  |
| 11                                | 2  |
| 111N                              | 3  |
| IIIM                              | 4  |
| IV                                | 5  |
| V                                 | 6  |
| FT student ie never               | 9  |

## Variable name:SEGPRHH Variable label:SEG of HOH

| DNA, never worked          | -9 |
|----------------------------|----|
| Non-responder to interview | -6 |
| No proxy interview         | -5 |
| No answer                  | 0  |
| Managers: large            | 2  |
| Employers: small           | 3  |
| Managers: small            | 4  |
| Prof: employee             | 6  |
| Int non-man and            | 7  |
| Junior non-man             | 9  |
| Manual: foreman-sv         | 11 |
| Skilled manual             | 12 |
| Semi-skilled man           | 13 |
| Unskilled man              | 14 |